

Case Number:	CM14-0007669		
Date Assigned:	02/07/2014	Date of Injury:	02/10/2004
Decision Date:	07/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57-year-old male who has submitted a claim for thoracic compression fracture, thoracic pain, thoracic degenerative disc disease, lumbar degenerative disc disease, chronic T4 compression fracture, status post posterior spinal fusion (2004); associated with an industrial injury date of 02/10/2004. Medical records from 03/01/2011 to 12/02/2013 were reviewed and showed that patient complained of upper, middle, and lower back pain. He claims to have increased daily activity level since his lumbar medial branch radiofrequency neurotomy procedure on 08/07/2013. Physical examination showed tenderness over the cervical, thoracic, and lumbar paravertebral muscles with muscle spasm. Thoracic facet loading maneuvers caused increased pain to the right paramedian thoracic spine at the scapular level. Motor testing showed decreased strength in the bilateral hip flexors. DTRs were 2/4 in the knee and ankles bilaterally. There was decreased sensation to light touch over the lateral thighs bilaterally. Treatment to date has included medications, physical therapy, acupuncture, lumbar medial branch radiofrequency neurotomy (2013), lumbar medial branch block (2013), and posterior spinal fusion (2004). Utilization review, dated 12/18/2013, modified the requests for MS Contin 30mg, MS Contin 60mg, and Oxycodone 15mg because the prescribed dosages at its maximum exceeds guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MS CONTIN 30 MG TAB, SIG: TAKE 1 Q AM AND Q EVENING, QTY-60 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed MS Contin since 2011. Patient claims that medications allow him to get up in the morning and perform his ADLs independently. However, the medical records failed to document a decrease in pain scale, side effects or urine drug screens.MTUS Guidelines require clear and concise documentation for ongoing management. The medical necessity was not established due to insufficient information. Therefore, the request for MS Contin 30 Mg TAB, SIG: TAKE 1 Q AM and Q evening, QTY-60 WITH ONE REFILL is not medically necessary.

MS CONTIN 60 MG TAB, SIG: TAKE ONE Q AM AND ONE AT MIDDAY AND ONE IN THE EVENING, ALSO ONE Q HS, QTY-120 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed MS Contin since 2011. Patient claims that medications allow him to get up in the morning and perform his ADLs independently. However, the medical records failed to document a decrease in pain scale, side effects or urine drug screens.MTUS Guidelines require clear and concise documentation for ongoing management. The medical necessity was not established due to insufficient information. Therefore, the request for MS CONTIN 60 MG TAB, SIG: TAKE ONE Q AM AND ONE AT MIDDAY AND ONE IN THE EVENING, ALSO ONE Q HS, QTY-120 WITH ONE REFILL is not medically necessary.

OXYCODONE 15 MG TAB, TAKE 1 Q 4-6 HOURS AS NEEDED FOR PAIN QTY 180 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed MS Contin since 2011. Patient claims that medications allow him to get up in the morning and perform his ADLs independently. However, the medical records failed to document a decrease in pain scale, side effects or urine drug screens. MTUS Guidelines require clear and concise documentation for ongoing management. The medical necessity was not established due to insufficient information. Therefore, the request for OXYCODONE 15 MG TAB, TAKE 1 Q 4-6 hours as needed for pain qty 180 with one refill is not medically necessary.