

Case Number:	CM14-0103033		
Date Assigned:	07/30/2014	Date of Injury:	10/03/2012
Decision Date:	10/16/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine & Rehabilitation & Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 34-year-old male who reported an injury on 10/13/2012 due to an unspecified mechanism of injury. On 06/04/2014, he reported bilateral low back pain, right worse than the left, associated with radiation into the right lateral thigh, right calf, and right foot with numbness and paresthesias. A physical examination showed tenderness upon palpation of the lumbar paraspinal muscles and right sacroiliac joint, lumbar ranges of motion were restricted by pain in all directions, lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion, were positive bilaterally. Sacroiliac provocative maneuvers were negative bilaterally. Gaenslen's, Patrick's, and pressure of the sacral sulcus were positive on the right. Nerve tension signs were negative bilaterally, muscle stretch reflexes were 1 and symmetric bilaterally in all limbs, muscle strength was a 5/5 throughout except in the right tibialis anterior, extensor hallucis longus, peroneals, posterior tibial, gastrocnemius, and soleus. Sensation was noted to be intact with the exception reduced sensation in the right L5 and S1 dermatomes. Heel, toe, and tandem walking was abnormal with reduced balance, there was an antalgic gait. He was diagnosed L5-S1 radiculopathy, lumbar postlaminectomy syndrome, failed back surgery syndrome, status post positive fluoroscopically guided diagnostic right sacroiliac joint injection, right sacroiliac joint pain, L4-5 discectomy and laminectomy, lumbar facet arthropathy, and lumbar sprain/strain. Surgical history included a L4-5 discectomy and laminectomy performed on 11/28/2012. His medications were listed as Oxycontin 30 mg twice a day and Percocet 10/325 mg twice a day. Information regarding diagnostic studies was not provided in the medical records. Past treatments included surgery, medications, and injections. The treatment plan was for Oxycontin 30 mg CR #90 and oxycodone/APAP 10/325 mg #60. The request for authorization form and rationale for treatment were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tab 30mg CR #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for Oxycontin tab 30mg CR #90 is not medically necessary. The California MTUS Guidelines state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based on the clinical information submitted for review, the injured worker was noted to have been taking Oxycontin 30 mg. It was noted that it provided him with 60% improvement in his pain and maintenance with activities of daily living. It was stated that he was up to date on a pain contract, had previous urine drug screens that were consistent, and no aberrant drug taking behaviors. However, there was a lack of documentation showing a proper pain assessment, urine drug screens were not provided for review to show consistency, and there was no documentation showing screening for side effects or evidence of an objective improvement in function. Without this information, the request for continued use of this medication would not be supported. In addition, the requesting physician failed to mention the frequency of the medication within the request and, therefore, the request would not be supported. Given the above, the request is not medically necessary.

Oxycod/APAP tab 10-325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The request for Oxycod/APAP tab 10-325mg #60 is not medically necessary. The California MTUS Guidelines state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Based on the clinical information submitted for review, the injured worker was noted to be

taking Percocet 10/325 mg which provided him with 50% decrease in pain and provided him with maintenance of his activities of daily living. He was noted to be up to date with the pain contract, had previous urine drug screens that were consistent, and no aberrant drug taking behaviors were noted. However, there was a lack of documentation showing a proper pain assessment, evidence of an objective increase in function and screening for side effects, along with urine drug screens to show consistency of the medication regimen. Without this information, the request for continued use of this medication would not be supported. In addition, the requesting physician failed to mention the frequency of the medication within the request. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.