

Case Number:	CM14-0109052		
Date Assigned:	08/04/2014	Date of Injury:	11/18/2002
Decision Date:	09/29/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/14/2014

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 and is licensed to practice in Illinois. 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 55-year-old female who reported an injury on 11/18/2002. The mechanism of injury was noted to be a motor vehicle incident. Her diagnoses were noted to be postlaminectomy syndrome of the lumbar spine and degenerative disc disease of the lumbar spine. Prior treatment includes medications and therapy. Diagnostic imaging studies were noted to be an MRI. Surgical history includes lumbar back surgery involving effusion of L2 through L4. The injured worker's subjective complaints were noted to be pain in the lower lumbar spine that radiates down the posterior aspect of the left lower extremity to the toes of her feet. She also has pain in her left thigh. Her pain is constant in duration and she describes character of her pain as aching and sharp. Her pain is worse with standing, sitting, walking and while lying flat. Her pain is somewhat relieved with medications. All of her activities are limited secondary to pain, in particular, her ability to sit, walk, stand, and lie flat. She is unable to sleep at night secondary to pain. The physical exam noted incision sites healing well. There is noted tenderness to palpation in the midline of the lower lumbar spine. Lumbar range of motion was limited secondary to pain. The neurological exam noted left lower extremity had reduced sensation to light touch along the entire left lower extremity. The treatment plan was for a spinal cord stimulator, reprogram device. Current medications at time of examination were noted to be OxyContin, Norco, Soma and Topamax. The rationale for the request was noted within the treatment plan. A Request for Authorization Form was not provided among the documentation submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The request for OxyContin 40 mg quantity 90 with 1 refill is not medically necessary. The California MTUS Chronic Pain Medial Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The documentation submitted for review fails to provide an adequate pain assessment. The pain assessment should include: Current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patients decreased pain, increased level of function, or improved quality of life. In addition to an adequate pain assessment, the provider's request fails to indicate a dosage frequency. Therefore, the request for OxyContin 40 mg quantity 90 with 1 refill is not medically necessary.