

Case Number:	CM14-0011435		
Date Assigned:	02/21/2014	Date of Injury:	03/12/2012
Decision Date:	10/06/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/28/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 59 year old male with an injury date on 03/12/2014. Based on the 12/24/2013 progress report provided by [REDACTED], the patient complains of low back pain. The patient reports that his pain is a 7/10 even with medications. He describes his pain as aching, shooting, stabbing, and radiating to his bilateral legs and to his ankles. Pain aggravates by prolonged sitting, standing or walking. The progress reports provided do not discuss any positive exam findings. The diagnoses include the following: lumbar disc displacement without myelopathy; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; and lumbago. [REDACTED] is requesting for OxyContin CR 20 mg TID, #90 and Percocet 10/325 #120. The utilization review determination being challenged is dated 01/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/28/2013 to 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin CR 20MG TID, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89.

Decision rationale: According to the 12/24/2013 report by [REDACTED], this patient presents with low back pain. The provider is requesting for OxyContin CR 20 mg TID, #90. MTUS Guideline pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, however, requires "significant" improvements with ADL's as one of the definitions of functional improvements. There is no discussion of return to work, or other significant improvements in ADL's. There is no discussion of aberrant drug behavior such as urine toxicology. Outcome measures are inadequately documented. Therefore, this request is not medically necessary.

Percocet 10/325, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89.

Decision rationale: According to the 12/24/2013 report by [REDACTED], this patient presents with low back pain. The provider is requesting for Percocet 10/325 #120. MTUS Guideline pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, however, requires "significant" improvements with ADL's as one of the definitions of functional improvements. There is no discussion of return to work, or other significant improvements in ADL's. There is no discussion of aberrant drug behavior such as urine toxicology. Outcome measures are inadequately documented. Therefore, this request is not medically necessary.