MAXIMUS Federal Services

Case Number:	CM14-0014262		
Date Assigned:	02/26/2014	Date of Injury:	06/17/2000
Decision Date:	08/05/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 49-year-old male who has submitted a claim for status post L2-4 fusion and decompression with slow recovery and flare-up, chronic low back pain, chronic pain syndrome, neuropathic pain of the lower extremities, disc protrusion at L5-S1 with bilateral neuroforaminal stenosis, bilateral L5-S1 radiculopathy, facet arthroplasty at L2-S1 bilaterally, right s1 nerve root impingement, diverticulitis, failed back surgery syndrome, increased flare-up of low back and lower extremity pain, opioid dependence and tolerance, anxiety and depression, status post left thigh intervascular stent, acute flare-up low back pain and leg pain, and insomnia associated with an industrial injury date of June 17, 2000. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant low back pain, rated 8/10, radiating to the bilateral lower extremities, left worse than the right. He also reported numbness and tingling of his feet. Bowel movement was reported to be normal. On physical examination, there was tenderness over the lumbar paravertebral musculature. Lumbar spine range of motion was limited on all planes. Straight leg raise and Kemp's tests were positive bilaterally. Examination of the left knee revealed effusion and limited range of motion. Medial and lateral stress and McMurray's tests were positive on the left. No sensory deficits were reported on the upper extremities but there was diminished sensation over the L5-S1 dermatomes bilaterally. Deep tendon reflexes were 2+ in the patellar tendon and 1+ at the Achilles bilaterally. Comprehensive metabolic panel and liver function tests dated January 8, 2014 were all within normal limits. Treatment to date has included 360-degree fusion at L4-5 and removal of hardware, IDET procedure at L4-5 with microdiscectomy, left lateral epicondyle release, home exercise program, TENS unit, and medications including Oxycodone 30 mg 1 tab PO q12 hours prn for severe breakthrough pain (since at least February 2013) and OxyContin SR 80 mg 1 tab PO q12 hours prn for pain. Utilization review from January 29, 2014 denied the request for

Oxycodone 30mg #120 but the rationale for determination was not included in the records for review; and basic metabolic panel and liver function tests (to check liver and kidney function) because the documentation failed to reveal any evidence to suggest that the patient is being prescribed NSAIDs, for which the requested laboratory tests are recommended and there was no clinical evidence of liver or kidney dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Oxycontin (Oxycodone), Opioids, On-going Management Page(s): 97, 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, page 97 of the California MTUS Chronic Pain Medical Treatment Guidelines state that Oxycodone is a potentially addictive opioid analgesic medication and that its time-release formulation, OxyContin was recently included in a list of 20 medications identified by the FDA's Adverse Event Reporting System that are under FDA investigation. In this case, Oxycodone was being prescribed since at least February 2013 (17 months to date). However, given the 2000 date of injury, the exact duration of opioid use is not clear. The records showed that with medications, including Oxycodone, the patient got 50% relief and helped increase his activities of daily living and function. The patient was also reported to have normal bowel movements but the records do not clearly reflect lack of other adverse side effects. Furthermore, the patient was assessed to have opioid dependence and tolerance but there was no discussion regarding this problem. Moreover, the patient was being prescribed OxyContin alongside Oxycodone and a clear rationale for such medication regimen was not provided. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. Additional information and further clarification are needed for continued opioid use as California MTUS requires clear and concise documentation for ongoing opioid management. Therefore, the request for Oxycodone 30mg #120 is not medically necessary.

BASIC METABOLIC PANEL AND LIVER FUNCTION TESTS (TO CHECK LIVER AND KIDNEY FUNCTION): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS, ROUTINE SUGGESTED MONITORING.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Hurley, J. S., et al. (2005). Laboratory safety monitoring of chronic medications in ambulatory care settings. Journal of General Internal Medicine 20(4): 331-333. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/.

Decision rationale: California MTUS does not specifically address laboratory safety monitoring of chronic medications. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the article entitled Laboratory safety monitoring of chronic medications in ambulatory care settings published in the Journal of General Internal Medicine was used instead. The article concludes that lapses in laboratory monitoring of patients taking selected chronic medications were common and further research is needed to determine whether, and to what extent this failure to monitor patients is associated with adverse clinical outcomes. In this case, a comprehensive metabolic panel and liver function tests were performed on January 8, 2014 and results were all within normal limits. The present written request failed to specify the date of service for the request and failed to identify whether this is a retrospective request for the previously done laboratory tests. If this were a prospective request, then a clear rationale was not provided as to why repeat lab testing was necessary. The request is incomplete. Therefore, the request for basic metabolic panel and liver function tests (to check liver and kidney function) is not medically necessary.