

Case Number:	CM14-0015973		
Date Assigned:	03/03/2014	Date of Injury:	10/03/2012
Decision Date:	09/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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, 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 34-year-old male with date of injury of October 3, 2012. The listed diagnoses per [REDACTED] dated August 19, 2014 are right sacroiliac joint pain, L4-L5 discectomy and laminectomy, lumbar post-laminectomy syndrome, right L5 and S1 radiculopathy, lumbar facet joint arthropathy, and lumbar sprain/strain. According to this report, the patient complains of bilateral low back pain, right worse than the left, radiating into the right lateral thigh, right calf, and foot with numbness and paresthesia. The patient utilizes OxyContin 20 mg and Percocet for pain. The patient also underwent an L4-L5 discectomy and laminectomy on 11/28/2014. The physical examination shows tenderness upon palpation of the lumbar paraspinal muscles in right sacroiliac joint. Lumbar ranges of motions were restricted by pain in all directions. Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Muscle strength is 5/5 in all limbs except for 4/5 in the right tibialis anterior, extensor hallucis longus, peroneals, posterior tibial, and gastrocnemius and soleus. Sensation is intact to light touch, pinprick, proprioception, vibration in all limbs except reduced in the right L5 and S1 dermatome. The patient has an antalgic gait. The Utilization Review denied the request on January 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg ninety count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 76-80.

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

Decision rationale: This patient presents with bilateral low back pain radiating to the right lower extremity. The treater is requesting OxyContin 30 mg. For chronic opiate use, the Chronic Pain Medical Treatment Guidelines requires specific documentations regarding pain and function. The Chronic Pain Medical Treatment Guidelines requires "pain assessment" that requires "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "the 4 A's for ongoing monitoring" are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior. The records show that the patient has been taking OxyContin since August 19, 2013. The progress report dated 10/14/2013 notes that the treater has discussed the risks and benefits surrounding long term use of opioid with the patient. The patient is aware of the risks and wishes to continue treatment with opiate therapy. The report dated November 22, 2013 notes that the patient's OxyContin use provides 60% improvement of his pain with maintenance of his activities of daily living such as self care and dressing. He has an up-to-date pain contract and his previous UDS were consistent. In this case, the treater has adequate documentation of the required criteria by the Chronic Pain Medical Treatment Guidelines for continued use of opiates. The request for Oxycontin 30 mg ninety count is medically necessary and appropriate.

Oxycodone 10/325 mg 120 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 76-80.

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

Decision rationale: This patient presents with bilateral low back pain radiating to the right lower extremity. The treater is requesting oxycodone 10/325 mg. For chronic opiate use, the Chronic Pain Medical Treatment Guidelines requires specific documentations regarding pain and function. Chronic Pain Medical Treatment Guidelines require "pain assessment" that requires "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief last." Furthermore, "the 4 A's for ongoing monitoring" are required which includes: analgesia, ADLs (activities of daily living), adverse side effects, and aberrant drug seeking behavior. The records show that the patient has been taking oxycodone since August 19, 2013. The progress report dated October 14, 2013 notes that the treater has discussed the risks and benefits surrounding long term use of opioid with the patient. The patient is aware of the risks and wishes to continue treatment with opiate therapy. The progress report dated November 22, 2013 notes that the patient's oxycodone use provides 50% improvement of his pain with maintenance of his activities of daily living such as self care and dressing. He has an up-to-date pain contract and her previous UDS were consistent. In this case, the treater has adequate documentation of the required criteria by the Chronic Pain Medical Treatment Guidelines for

continued use of opiates. The request for Oxycodone 10/325 mg 120 count is medically necessary and appropriate.