

Case Number:	CM14-0121266		
Date Assigned:	08/06/2014	Date of Injury:	04/16/2003
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 Texas and Oklahom. 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 49-year-old male with a reported date of injury on 04/16/2003. The mechanism of injury was due to a lift and twist. His diagnoses were noted to include status post lumbar fusion L4-S1 with subsequent removal of hardware, bilateral laminotomies, bilateral lower extremity radiculopathy, status post permanent implantation of lumbar spinal cord stimulator, and degenerative disc disease L4-S1. His previous treatments were noted to include surgery, medications and spinal cord stimulator. The injured worker complained of lower back pain with pain down the right lower extremity and numbness down the left lower extremity rated 8/10 to 9/10. The injured worker had bilateral knee pain rated 8/10 to 9/10. The physical examination of the lumbar spine and lower extremities revealed no palpable tenderness of the paravertebral muscles bilaterally. There was no evidence of tenderness over the sacroiliac joints bilaterally. There was no tenderness over the sciatic notches, flanks or the coccyx. There was hypersensitivity over the right L5, left L4 dermatomes and decreased sensation L3 dermatome. The deep tendon reflexes were diminished and unequal. The motor strength test revealed diminished motor strength to the left lower extremity. The injured worker indicated the without the use of his medications his symptoms rated a 10/10 and with the use of his medications rated 6/10. The injured worker was able to participate in his activities of daily living, including personal hygiene with the use of medications. The provider indicated the injured worker continued to meet the 4 A's of pain management care. The Request for Authorization form dated 06/03/2014 was for OxyContin 30 mg 1 every 8 hours #90 with no refills and Percocet 10/325 mg 1 by mouth every 6 hours as needed #90 with no refills for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Upheld

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

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

Decision rationale: The request for OxyContin 30 mg #90 is not medically necessary. The injured worker has been utilizing the medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated with medications his pain scale rated 6/10 and without medications 10/10. The injured worker indicated he was able to participate in his activities of daily living including personal hygiene with the use of his medications. The provider indicated the injured worker continued to meet the 4 A's pain management care. A drug screen performed 02/2014 revealed consistent therapeutic medication utilization. Therefore, the injured worker has met the 4 A's of opioid management care. However, the request failed to provide the frequency at which the medication is to be utilized. According to the oral morphine equivalent dosage calculator, the combination of Percocet and OxyContin exceed guideline recommendations with a total of 195 MEDs with the recommended dosage of 100 MEDs. Therefore, the request is not medically necessary.

Percocet 10/325mg #90: Upheld

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

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

Decision rationale: The request for Percocet 10/325 #90 is not medically necessary. The injured worker has been utilizing the medication since at least 02/2014. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated with medications his pain scale rated 6/10 and without medications 10/10. The injured worker indicated he was able to participate in his activities of daily living including personal hygiene with the use of his medications. The provider indicated the injured worker continued to meet the 4 A's pain management care. A drug screen performed 02/2014 revealed consistent therapeutic medication

utilization. Therefore, the injured worker has met the 4 A's of opioid management care. However, the request failed to provide the frequency at which the medication is to be utilized. According to the oral morphine equivalent dosage calculator, the combination of Percocet and OxyContin exceed guideline recommendations with a total of 195 MEDs with the recommended dosage of 100 MEDs. Therefore, the request is not medically necessary.