

Case Number:	CM14-0156992		
Date Assigned:	09/29/2014	Date of Injury:	07/02/2005
Decision Date:	10/29/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty in Interventional Spine 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 79-year-old male with a date of injury of 07/02/2005. The listed diagnoses per [REDACTED] are intractable low back pain, multilevel degenerative disk disease with multilevel spondylosis L3-L4, L4-L5, and L5-S1, lumbar radiculopathy, spondylolisthesis and degenerative disk disease with multilevel disk bulge and canal narrowing, severe spinal stenosis bilateral S1 sensory dysfunction and GI bleed. According to progress report 09/03/2014, the patient presents with significant worsening of low back pain. He is unable to tolerate activities due to his increased pain. He has been out of medication for the last month as they have been denied by the carrier. The patient rates his current pain level as 8-10/10 in intensity. The patient's medication regimen includes OxyContin 40 mg and Percocet 10/325 mg. Physical examination revealed slightly forward flexed posture at the pelvis and hips. He is not able to tolerate standing fully upright. Range of motion is restricted to approximately 45 degrees. The patient's pain is significantly increased with trunk rotation. Palpation over the lumbosacral junction reveals significant local tenderness over the L3, L4, and L5 vertebrae bilaterally. Utilization review denied the request on 9/15/14. Treatment history reports from 04/16/2014 through 09/02/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic low back pain. The physician is requesting refill of OxyContin 40 mg #60. Review of the medical file indicates the patient has been prescribed this medication since at least 04/16/2014. For opiate management, MTUS Guidelines pages 88 and 89 state, "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). The physician's monthly progress reports provide pain assessment utilizing a pain scale and specific functional changes when he does not take his medications. Progress report 04/16/2014 notes an increase in pain; however, this was due to the patient not having access to his medications. It was noted without the medications the patient has significant difficulties tolerating basic activities of daily living. Report 06/11/2014 indicates that patient does not have negative side effects and there are no aberrant behaviors. Report 07/09/2014 notes that the patient's pain level is 9/10 in intensity without medications and reduced to 6-7/10 with his current medications. Without medications, he requires assistance from his daughter, and he is unable to maintain his previous levels of activity. Progress report 08/06/2014 documents that without medications the patient "is spending much of the time in bed as his pain level has significantly increased." The Utilization review denied the request for refills stating that subsequent reports had not identified improvement of pain or function as a result of continued opioid use. In this case, the physician does not note functional improvement, but discusses in detail functional changes the patient goes through without medications. Given the efficacy of this medication, recommendation is for approval.

Percocet 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-85.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 78, 88-89.

Decision rationale: This patient presents with chronic low back pain. The physician is requesting refill of Percocet 10/325mg #120. Review of the medical file indicates the patient has been prescribed this medication since at least 04/16/2014. For opiate management, MTUS Guidelines pages 88 and 89 state, "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). The physician's monthly progress reports provide pain assessment utilizing a pain scale and specific functional changes when he does not take his medications. Progress report 04/16/2014 notes an increase in pain; however, this was due to the patient not having access to his medications. It was noted without the medications the patient has significant difficulties

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