

Case Number:	CM14-0175884		
Date Assigned:	10/28/2014	Date of Injury:	10/02/2002
Decision Date:	12/05/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/23/2014

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 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:

This is a 59-year-old male with a 10/2/02 date of injury. According to a progress report dated 10/8/14, the patient stated has been doing better overall. He has been participating in a rehabilitative program with physical therapy. His lumbar range of motion has improved. As a result, he has been able to participate in activities of daily living easier. His current medication regimen consisted of Oxycontin 80mg 1 tablet every 12 hours, which has been working fairly well for him. According to the provider's treatment plan, the provider is requesting Oxycontin 80mg 1-2 tablets every 12 hours. The patient weighed 293 pounds according to an 8/25/14 progress note. Objective findings: lumbar range of motion 55 degrees, measured 85 minus 35, he goes 50 degrees, and lumbar extension is 20 degrees. Diagnostic impression: chronic low back pain, lumbar degenerative disc disease, lumbar degenerative joint disease. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/18/14 modified the requests for 8 aquatic therapy sessions to 4 sessions, Oxycontin 80mg from 120 tablets to 45 tablets, and denied the request for 1 urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98, Chronic Pain Treatment Guidelines Aquatic therapy (including swimming).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, in the present case, this patient has not yet undergone aquatic therapy. Guidelines support up to 6 visits as an initial trial. Authorization for additional visits require documentation of functional improvement, up to the guideline recommended number of sessions for the patient's condition. The UR decision dated 10/18/14 modified this request to certify an initial trial of 4 sessions. A specific rationale as to why this patient would require 8 sessions at this time, despite guideline recommendations, was not provided. Therefore, the request for Eight (8) aquatic therapy sessions is not medically necessary.

Prescription of Oxycontin 80mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. However, in the present case, according to the provider's treatment plan, the provider is requesting Oxycontin 80mg 1-2 tablets every 12 hours. The patient's daily MED is calculated to be 480. Guidelines do not support daily MED above 120 due to the risk of adverse effects, such as respiratory depression and sedation. In addition, given the 2002 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Prescription of Oxycontin 80mg, #120 is not medically necessary.

One urine toxicology screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing; Urine Testing in Ongoing Opiate Management Page(s): 43, 78. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain Chapter 10, Chronic Use of Opioids, page(s) 222-238

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the present case, the patient's medication regimen consists of OxyContin. In addition, an 8/25/14 urine drug screen report was inconsistent for oxycodone use, demonstrating aberrant behavior. Guidelines support routine urine drug screens, up to 4 a year, in patients utilizing chronic opioid therapy to assess for medication misuse and abuse. Therefore, the request for one urine toxicology screen is medically necessary.