

Case Number:	CM14-0179658		
Date Assigned:	11/04/2014	Date of Injury:	07/26/1998
Decision Date:	12/09/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 injured worker is a 63-year-old female who reported an injury on 07/26/1998 due to an unknown mechanism. Diagnoses were chronic neck pain, chronic lumbar sacral pain, opioid pain management, and left total hip replacement 2007. It was reported that the injured worker was on Oxycontin from 20 mg 4 times a day, to 3 times a day, and the dose further reduced to 10 mg. The injured worker experienced significant withdrawal symptoms, increased pain, and myofascial tension. Activities of daily living have decreased as a consequence. The injured worker reported her pain a 4/10 to 7/10. The injured worker uses a Butrans patch ug/hour 1 patch weekly. It was reported that the injured worker could sleep 8 hours a night with 0 interruptions and 5 to 10 minutes to induction. The injured worker continued to swim, walk, stretch, and bend daily to keep pain under better control. Examination of the cervical spine revealed muscle spasm was mild in the left levator scapulae muscles. Spurling's was positive bilaterally. Straight leg raising on the left to 70 degrees caused immediate spasm, breath holding, fascial flushing, and interrupted the examination. Lateral tilting provoked pain complaints. There was pain over the SI joints with palpation, left greater than right. Patrick's remained significantly positive on the left. Treatment plan was to continue medications as directed. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The decision for Oxycontin 20mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to no opioid analgesics. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Ultram 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing Management Page(s): 82,93,94,113; 78.

Decision rationale: The decision for Ultram 50mg #120 is not medically necessary. The California Medical Treatment Utilization Schedule states analgesic drugs, such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.