

Case Number:	CM14-0022158		
Date Assigned:	05/09/2014	Date of Injury:	07/15/2005
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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, 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 41-year-old male with a date of injury of 07/15/2005. The listed diagnoses per [REDACTED] are constipation, facet spondylosis, lumbar, failed back syndrome, lumbar and ADJ disorder with mixed anxiety and depression. According to the 01/30/2014 progress report by [REDACTED] the patient presents with chronic low back and leg pain. The patient states that pain radiates to the bilateral lower extremities. The pain is on average 8/10. The patient's treatment history includes cold pack exercising, hot baths, injections, massages, medications, physical therapy, pool therapy, and TENS unit and medications. Current medication regimen includes Ibuprofen 800 mg, Atenolol, Lisinopril, Hydrochlorothiazide, Lipitor, vitamin D, Cymbalta, Xanax 2 mg, OxyContin 40 mg, Percocet 10 mg, and Tizanidine 4 mg. The provider states patient will "continue OxyContin 40 mg Q12H with Percocet for BTP until he has his neurosurgical consultation/AME." Use of narcotics for chronic pain was discussed and terms of narcotic contract were reiterated. The request is for OxyContin 40 mg #60. Utilization review denied the request on 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids Page(s): 60,61, 80-81, 88-89.

Decision rationale: This patient presents with chronic neck and low back pain. The provider is requesting a refill of OxyContin 40 mg #60 to be used in conjunction with Percocet for BTP until he has his neurosurgical consult. Review of the medical file indicates that this patient has been taking OxyContin since 05/02/2013. Page 78 of California MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. The medical file which includes progress reports from 05/12/2013 to 01/30/2014 does not provide a urine drug screen and no discussion on pain reduction or any specific functional improvement from taking Oxycontin. The provider also does not provide "pain assessment" or any outcome measures as required by MTUS. Given the lack of sufficient documentation the patient should slowly be weaned off of Oxycontin as outlined in MTUS Guidelines. This request is not medically necessary.