

Case Number:	CM14-0032951		
Date Assigned:	06/20/2014	Date of Injury:	05/05/2000
Decision Date:	07/22/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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:

The injured worker who is a 49-year-old female who reported an injury on 05/05/2009 due to a work related injury. On 02/05/2014 the injured worker complained of low back pain with radiculopathy, post laminectomy pain syndrome and myofascial pain. It was noted that the injured worker had 4 back surgeries and failed back surgery syndrome. It stated the injured worker had failed many combinations of pain medications due to adverse reactions and side effects. It was noted the injured worker was unable to return to work as a truck driver and cannot conduct those duties. The medication that was noted for the injured worker without side effects was OxyContin 80mg, Dilaudid 4mg and Elavil. It was stated the injured worker pain level with her medication was at 2-3/10 and without medications 10/10. The injured worker had failed Neurontin and Topamax for neuropathic/radicular pain and Celebrex for inflammation. It was noted the injured worker was denied injections, physical therapy and MRI. The physical examination, done on 02/05/2014 revealed guarded movement, positive Tinel's bilaterally and cervical spine bilateral paraspinous had tenderness. The head, neck, bilateral paracevial, levator scap and bilateral traps was positive to palpable twitch and trigger points in the muscles. It was noted that in the cervical spine anterior flexion and extension was at 45 degrees. The lumbar spine had tingling pain on the let quad area. The straight leg raise on the left and right was 60 degrees. The bilateral lower extremities anterior flexion of the lumbar spine was 30 degrees with sharp buttocks pain and extension 5 degrees. Palpable twitch positive trigger points are noted in the lumbar paraspinous muscles. The injured worker's gait was antalgic. LE sensation intact with decreased sensation left L45 had tingling sensation throughout. The diagnoses of the injured worker includes radiculopathy, L/S, muscle spasms, failed back syndrome and fibromyalgia/myositis. The injured worker medication includes OxyContin 80mg, Valium 5 mg

and Dilaudid 4mg. The treatment plan was for a decision on OxyContin tab 80 mg, #90. The authorization was not submitted with this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tab 80MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-78.

Decision rationale: The request for OxyContin tab 80mg, #90 is non-certified. Chronic Treatment Guidelines (MTUS) recommend continued use of an opiate for the treatment of moderate to severe pain, with documented objective evidence of functional benefit. The guidelines does not recommend opioids for neuropathic pain as a first-line therapy. Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). The diagnoses of the injured worker includes radiculopathy, L/S, muscle spasms, failed back syndrome and fibromyalgia/myositis The guidelines also states when to continue on opioids if the patient has returned to work and has improved functioning and pain. The documents provided on 02/05/2014 was noted the injured worker is unable to return to work. The guidelines also state the four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. There was lack documentation of the longevity reported of how long injured worker has been on the medication. It is also recommended for on-going opioid management the use of drug screening or inpatient treatment issues of abuse, addiction, or poor pain control. There was lack of documentation of a urine drug screen submitted for the injured worker to validate the injured worker on-going management for opioid use. In addition, the request for OxyContin tab 80 mg, #90 lacked frequency. Given the above, the request for OxyContin tab 80 mg, #90 is non-certified.