

Case Number:	CM14-0033098		
Date Assigned:	06/20/2014	Date of Injury:	08/10/1995
Decision Date:	07/21/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/20/2014

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 is a 67 year old female who reported an injury on 08/10/1995 due to an unknown mechanism of injury. The injured worker complained of low back pain rated 2/10, left lower extremity pain in the lateral aspect rated 3-7/10, and cervical pain rated 4/10. On 02/03/2014 the physical examination revealed a reversal of normal lordosis of the cervical spine. Her active range of motion of the cervical spine was limited by increased cervical axial pain. The range of motion test scored as follows flexion 25 degrees, extension 45 degrees, left and right lateral flexion 40/45 degrees, and left and right rotation 45/60 degrees. Her straight leg test was positive at 75 degrees. The results for active range of motion of the lumbar spine were flexion 20 degrees, extension 0 degrees, and lateral bending left and right 20/20 degrees. There were no diagnostic studies submitted for review. The injured worker had a diagnoses of low back pain and lumbosacral spondylosis without myelopathy. On 10/23/2008 the injured worker had a revision of four thoracolumbar epidural neuroelectrodes and implantation restore ultra-right anterior abdomen and noted 80% relief of the right L5 radicular pain and 50% decrease in the low back pain. On 10/08/2013 the injured worker had a radiofrequency neurolysis, bilateral L4-5 and L5-S1 facet joint (radiofrequency neurolysis, bilateral L3, L4, and L5 median branches of the dorsal rami). The injured worker was on the following medications OxyContin 40mg, Norco 10/325mg, Cymbalta 60mg, baclofen 10mg, gabapentin 300mg, and senokot-S. The current treatment is for OxyContin 20mg #60, and Norco 10/325mg #300. The rationale and request for authorization form were not 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 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-78.

Decision rationale: The injured worker has a history of cervical and low back pain. The CA MTUS guidelines state in regards to opioids, that there must be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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. . It is recommended for ongoing monitoring that the 4 A's (analgesia, activities of daily living, adverse side effect, and aberrant drug taking behaviors) be present in documentation. The documentation submitted for review indicated the injured worker had received some pain relief. However, there was no quantified information regarding pain relief. There was also no assessment regarding average pain, intensity of pain, or longevity of pain relief. There was lack of documentation regarding consistent urine drug screens. In addition, there was no mention of a lack of side effects. In addition, the request does not include the frequency. Given the above, the request for OxyContin 20mg #60 is not medically necessary.