

Case Number:	CM14-0045165		
Date Assigned:	07/02/2014	Date of Injury:	04/14/2010
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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 34-year-old male who has submitted a claim for neuropathic pain and pseudarthrosis at L5-S1 associated with an industrial injury date of April 14, 2010. Medical records from 2014 were reviewed which showed that the patient complained of bilateral leg pain and back pain. A physical examination of the lumbar spine showed tenderness with associated muscle spasms. The patient's range of motion was limited secondary to pain. A straight leg raise was positive with pain in the posterior thigh area and extension at 60 degrees. A flexion, abduction, external rotation (FABER) test was positive on the left and negative on the right. EMG/NCV done on 3/22/13 showed chronic L5-S1 nerve changes and neuropathic pain. An MRI of the cervical spine done on 7/5/2012 showed disc protrusions at C5-C6 and C6-C7 causing a moderate degree of central stenosis and moderate to severe foramina stenosis. Disc bulges are also noted at C4-C5. The treatment to date has included L5-S1 fusion and L4-L5 prodisc disc replacement, Oxycontin, Norco and median blocks at the levels of L3-L4 and L4-L5. A utilization review from April 4, 2014 denied the request for OxyContin 30mg #90 and Oxycontin 20MG #90 with no refills because the proposed treatment does not meet medical necessity guidelines per California MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90 with no refills: 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): 78-81.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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 potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was already given Oxycontin 40mg but the date of initiation was not mentioned in the documents submitted. Likewise, there is no documentation of pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycontin 30mg #90 with no refills is not medically necessary.

Oxycontin 20mg #90 with no refills: 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): 78-81.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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 potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was already given Oxycontin 40mg but the date of initiation was not mentioned in the documents submitted. Likewise, there is no documentation of pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. The MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycontin 20mg #90 with no refills is not medically necessary.