MAXIMUS Federal Services

Case Number:	CM14-0056025		
Date Assigned:	07/09/2014	Date of Injury:	03/13/2009
Decision Date:	08/21/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/25/2014

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, has a subspecialty in Pain 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 injured worker is a 52-year-old female smoker who reported a heavy lifting injury on 03/13/2009. On 06/24/2014 her diagnoses included status post left-sided L4-S1 laminotomy with re-exploration and micro-discectomy on 01/18/2012, status post previous decompression L4-S1, left leg radiculopathy, status post permanent lumbar spinal cord stimulator implantation on 07/01/2013, right knee internal derangement and left hip degenerative joint disease. On 04/15/2014, her lumbar spine ranges of motion measured in degrees were flexion 22/60, extension 2/25, lateral left bend 14/25 and lateral right bend 8/25. The 05/08/2009 MRI revealed mild lumbar spondylosis at L3-4, L4-5, and L5-S1, with a 5 mm posterior disc protrusion indenting the left S1 nerve root. At L4-5 there was narrowed canal, facet disease, and hypertrophy of the ligamentum flavum. X-rays of the lumbar spine on an unknown date showed disc space collapse at L5-S1 with intact disc spaces above that. There was no segmental instability or fracture. An EMG/nerve conduction study of an unknown date revealed abnormal findings suggestive of bilateral chronic active L5-S1 radiculopathy with chronic denervation of the left L5-S1 level. She complained of lower back pain radiating down to the left lower extremity and rated her pain level at 7.5-8.5/10. Her medications included Oxycontin 40 mg, Soma 350 mg, Cymbalta 30 mg, Restoril 30 mg, Gabapentin 300 mg, Motrin 800 mg, Enalapril 10 mg, Norco 10/325 mg and Lamictal 200 mg. On 11/18/2013, a neurologist noted that this worker was utilizing Oxycontin 40 mg, 14 per week and Hydrocodone 10 mg 21 to 25 per week as well as Gabapentin, Lamotrigine and Cymbalta for analgesic relief. He was concerned about the potential ineffectiveness and long term adverse effects of reliance on narcotic medications. The rationale found in the documentation was that the worker stated that her pain was decreased and her function was improved with the use of these medications, but without them, she would

have significant difficulty tolerating even routine activities of daily living. A Request for Authorization dated 04/15/2014 was included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg CR #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Oxycontin 40 mg CR #90 is not medically necessary. California MTUS attests that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Ongoing review consists of 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 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 patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the patient has returned to work or if the patient has improved functioning and decrease in pain. Opioids have been suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short term pain relief. Failure to respond to a time limited course of opioids leads to reassessment and consideration of alternative therapy. In most cases, analgesic treatment should begin with acetaminophen, aspirin and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain, may be added to, but not substituted for the less efficacious drugs. Long term use may result in immunological and endocrine problems. There is no documentation in the submitted chart to attest to appropriate long term monitoring, evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. Additionally, there was no frequency of administration specified in the request. Without the frequency, morphine equivalency dosage cannot be calculated. Therefore, this request for Oxycontin 40mg CR #90 is not medically necessary.