

Case Number:	CM14-0074074		
Date Assigned:	07/16/2014	Date of Injury:	03/31/1998
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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 55-year-old female with a date of injury of 03/31/1998. Her diagnosis includes lumbar discogenic spine pain, hip pain myofascial pain syndrome, failed back surgery syndrome, lumbar radiculopathy, degenerative disk disease, lumbar, disorder rotator cuff, anxiety disorder, obesity, chronic pain, lumbar facet arthropathy, and shoulder pain, chronic. According to progress report on 04/22/2014, the patient presents with continued lower back pain with radiculopathy to bilateral lower extremity. The patient states the pain radiates down to the anterior thigh with intermittent numbness. Current medication stabilizes her symptoms and enables her to function daily. Previous pain is 9/10 and current pain is 6/10. Treater states urine drug screens are consistent with medication regimen and negative for illicit substance. Patient's current medication regimen includes MS Contin 30 mg, Oxycodone HCL 10 mg, Clonazepam 2 mg, and ibuprofen 600 mg. He will refill medication MS Contin 30 mg #90 and Oxycodone HCL 10 mg #120. Utilization review denied the request on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL, 10 mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 88-89.

Decision rationale: This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The treater is requesting a refill of Oxycodone HCL 10 mg #120. MTUS Guidelines on pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates that the patient has been prescribed this medication since at least 01/21/2014. Review of progress reports provides pain scale to measure pain, but the treater does not discuss specific functional improvement from taking Oxycodone. Furthermore, the treater does not take account of adverse effects, aberrant behaviors and does not provide a urine drug screen for monitoring of medication. Given the lack of sufficient documentation as required by MTUS for long-term opiate use, this request is not medically necessary.

MS Contin, 30 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid
Page(s): 88-89.

Decision rationale: This patient presents with chronic low back pain that radiates into the bilateral lower extremities. The treater is requesting a refill with the MS Contin 30 mg #90. MTUS Guidelines on pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since at least 01/21/2014. Review of progress reports provides pain scale to measure pain, but the treater does not discuss specific functional improvement from taking MS Contin. Furthermore, the treater does not take account of adverse effects, aberrant behaviors and does not provide a urine drug screen for monitoring of medication. Given the lack of sufficient documentation as required by MTUS for long-term opiate use, is not medically necessary.