

Case Number:	CM14-0082022		
Date Assigned:	07/21/2014	Date of Injury:	01/25/2000
Decision Date:	09/11/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/03/2014

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:

This 51 year-old patient sustained an injury to his low back and right shoulder on 1/25/2000 from pushing a wheelbarrow while employed by [REDACTED]. Request(s) under consideration include Oxycontin 20 mg #90. Diagnoses include lumbar post-laminectomy syndrome; left lumbar radiculopathy; and chronic pain syndrome with opioid tolerance. Conservative care has included physical therapy, medications, post-laminectomy, and modified activities/rest. Report of 7/10/13 from the provider noted patient with pain rated 4-5/10 and 7-8/10 without medications. There is reactive depression and anxiety. Medications list Norco, Opana, and Zanaflex. Exam showed muscle spasm and guarding with left lower extremity motor deficits noted. Treatment included medications refills. Psychiatric report of 8/23/13 noted patient taking Adderall, Cymbalta, Lorazepam, and Lunesta from one provider and prescribed Soma, Hydrocodone, and Oxycontin from another provider. Utilization review dated 8/23/13 noted recommendation for weaning off opioid medications with urine drug screen noted positive marijuana and alcohol. There was also noted history of crystal meth abuse. Report 4/2/14 from the provider noted patient with ongoing chronic pain rated at 6-7/10 while taking Norco, Zanaflex, Lorazepam, Buspirone, Flurazepam, and Oxycontin. Exam showed diffuse motor weakness of 4/5 throughout left lower extremity with positive SLR and decreased range of motion 30-50%. Treatment included opioid refill and MRI of lumbar spine. Request(s) for Oxycontin 20 mg #90 was determined not medically necessary on 5/5/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96, On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening; however, no adjustment was made by the provider regarding the aberrant drug behavior. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Oxycontin 20 mg #90 is not medically necessary and appropriate.