

Case Number:	CM14-0085855		
Date Assigned:	07/23/2014	Date of Injury:	08/25/2005
Decision Date:	10/01/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 patient is a 56 year old male who was injured on 08/25/2005 while lifting a door. Prior treatment history has included physical therapy and chiropractic care. Progress report dated 05/07/2014 indicates the patient to have complaints of low back pain radiating down both his legs. He stated he receives 50% pain relief with his medications. He was recommended MS-Contin 30 mg #60 and Oxycodone 30 mg #120. Progress report dated 06/06/2014 indicates the patient's symptoms are unchanged. He stated that his pain was aching, constant and sharp. He rated his pain 8/10 without medications. He has side effects MS-Contin and Oxycodone such as itching and nausea. On exam, he has 5/5 bilateral lower extremities strength. ROM of lumbar spine is functional, with positive straight leg raise bilaterally at 45-60 degrees. He has moderate pain with lumbar flexion and extension. The patient is diagnosed with chronic post operative pain; cervical strain/sprain; and disorder of sacrum. The treatment and plan included Fentanyl patch 25 mcg discontinue Oxycodone and morphine. Prior utilization review dated 05/27/2014 states the request for MS Contin 30mg #60 is modified for Qty #30 as trial use of this narcotic has been established; and Oxycodone 30mg #120 is modified as Qty #90 as medical necessity has been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulphate Page(s): 93.

Decision rationale: As per CA MTUS guidelines, MS Contin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Guidelines indicate that "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 potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, records review indicates that this patient has experienced side effects with this medication. There is little to no documentation of significant improvement in pain level (i.e. VAS) or function with continuous use. There is no evidence of recent urine drug test to monitor the patient's compliance. Therefore, the medically necessary of the request is not established

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: According to CA MTUS guidelines, Oxycodone is a short-acting Opioid that is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "(c) Office: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The medical records do not address the pain level (i.e. VAS) and/or functional assessment related the medication, in order to consider the continuation of administration. On the other hand, the available records do not show Urinary toxicology study to support the patient compliance. Therefore, the medical necessity of the request for Oxycodone has not been established.