

Case Number:	CM14-0096925		
Date Assigned:	07/28/2014	Date of Injury:	07/26/1998
Decision Date:	09/12/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/25/2014

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, 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 60-year-old-female who sustained industrial injury on 07/26/98, sustaining injury to the neck, lower back, and left hip. Physical exam: Cervical spine: Mild muscle spasm in the left levator scapulae muscles. Spurling's is positive bilaterally. Lateral tilting bilaterally refers pain to the paracervical region 2+ spasms and pain with palpation over the right trapezius area. Back shows moderate lumbar paraspinal muscle spasm. Extension 25% of normal with moderate pain. Lateral bending 25% of normal bilaterally with slight pain. Rotation 50% of normal bilaterally with slight pain. Lower back palpation revealed slight tenderness midline lumbosacral junction. Sacroiliac joints reveal slight tenderness about the sciatic notches bilaterally. Supine SLR positive for hamstring tightness and slight back pain at 70 degrees bilaterally. Sitting SLR negative at 90 degrees bilaterally. Lasegue's and bowstring tests were negative. She was noted to ambulate with wide-based, slightly antalgic gait, favoring the left leg. Lower extremity exam revealed a 1/2" left thigh atrophy due to left total hip arthroplasty. Mid-thigh circumferences: 16" right, 15-1/2" left measured 6" above the adductor tubercle. Maximal calf circumferences were bilaterally symmetrical at 12 1/2". Left hip ROM was limited. Flexion was 9 degrees with slight pain. Extension was full and painless at 30 degrees. Abduction 35 degrees with pain. Adduction was 20 degrees with pain. Internal rotation 15 degrees with moderate pain. External rotation was limited to 35 degrees with slight pain. Medications: Lidoderm patches, Oxycontin or Oxycodone, Butrans Buprenorphine patches, Ultram. Diagnoses: Lumbar strain; cervical strain; cervical spondylosis; myofascial pain syndrome; Hx of femoral-acetabular impingement syndrome, left hip, with associated progressive osteoarthritis, status post left total hip arthroplasty, healed with residuals. She was advised to continue walking 15-20 minutes daily, perform stretches and bends daily to keep pain

under control, and swim as tolerated. UR determination for Oxycontin 20 mg #120 - Modified to 1 prescription of Oxycontin 20 mg #90 and for lumbar support is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 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 OxyContin Page(s): 92.

Decision rationale: According to CA MTUS guidelines, OxyContin, as a long acting Opioid is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "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". In this case, the medical records do not address any pain and/or functional assessment related the medication, in order to consider the continuation of this medication. There is no documentation of trial and failure of non-opioid analgesics, such as NSAIDs or Acetaminophen, or any ongoing attempts with non-pharmacologic means of pain management. On the other hand, the patient is already on Butrans patch, a transdermal long-acting opioid. Concurrent use of two long-acting opioids (Oxycontin and Butrans) is not warranted. Therefore, this request is not medically necessary.

Lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to the guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A Lumbar Support is not recommended under the guidelines. At this juncture, the use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to encourage weakness, stiffness and atrophy of the paraspinal musculature. Based on the CA MTUS/ACOEM and Official Disability Guidelines and the clinical documentation stated above, the request for purchase of a low back brace is not medically necessary.

