

Case Number:	CM14-0012499		
Date Assigned:	02/21/2014	Date of Injury:	01/02/1999
Decision Date:	01/02/2015	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	01/30/2014

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 40-year-old male with injury date of 01/21/99. Based on the 09/19/13 progress report, the patient complains of neck and low back pain rated 8/10. Patient describes his pain as constant sharp, stabbing, and burning, which radiates into left shoulder, arm, and both legs with numbness and paresthesia. The patient used ice, heat, and NSAIDS with no improvement. Physical examination on 09/19/13 revealed tenderness to palpation to the trapezial and paralumbar muscles with spasms. Cervical and lumbar ranges of motion were decreased. History and physical exam findings remained unchanged per 06/27/13 progress report. Patient's medications included Norco, Flexeril, and Neurontin per progress report dated 01/08/13. OxyContin 10 mg daily for 15 days was requested per latest available progress report dated 09/19/13. Patient has been disabled at least from progress report dated 01/08/13. Diagnosis 09/19/13:-Low back pain-Lumbar Disc Displacement-Degeneration of cervical intervertebral disc-Postlaminectomy syndrome of lumbar region-Lumbar Radiculopathy-Cervical Radiculitis-Cervical Disc Displacement. The request is for Oxycontin ER 10mg #60. The utilization review determination being challenged is dated 01/30/14. The rationale is "...no documentation of a maintained increase in function or decrease in pain with the use of this medication....modified....Oxycontin ER 10 mg #30 is medically necessary" Treatment reports were provided from 01/08/13 to 09/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Criteria for Use of Opioids Page(s): 60,61; 88, 89; 76-78.

Decision rationale: Patient presents with neck and low back pain rated 8/10. The request is for Oxycontin ER 10mg #60. Diagnosis dated 09/19/13 included low back pain, lumbar disc displacement, post-laminectomy syndrome of lumbar region, lumbar radiculopathy, cervical radiculitis, cervical disc, and degeneration of cervical intervertebral disc, displacement. Patient's medications included Norco, Flexeril, and Neurontin per progress report dated 01/08/13. OxyContin 10 mg daily for 15 days was requested per latest available progress report dated 09/19/13. Patient has been disabled at least from progress report dated 01/08/13. MTUS Guidelines 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 4As (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. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." In this case, provider has not stated how Oxycodone reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific activities of daily living (ADL's), etc. There are not urine drug screens (UDS's), pain contract, CURES available in review of medical records. If provider's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. Given the lack of documentation as required by MTUS, the requested medication is not medically necessary and appropriate.