

Case Number:	CM14-0177886		
Date Assigned:	10/31/2014	Date of Injury:	04/06/2001
Decision Date:	01/06/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/27/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 66-year-old woman who sustained a work related injury on April 6, 2001. Subsequently, she developed chronic neck and low back pain. The patient underwent a lumbar fusion at L4-5 and L5-S1 in July of 2003 and a bilateral carpal tunnel release in January of 2004. An updated EMG/NCV study from May 2009 showed persistent bilateral carpal tunnel syndrome, worse on the right side. Myelogram from February 6, 2013 showed lumbar spine fusion at L4 to S1 without spinal or foraminal stenosis, posterior disc bulge at L2-3 with moderate spinal stenosis. According to a progress report dated October 21, 2014, the patient rated her pain level as a 10/10 without medications and 6/10 with medications. Her last UDS done in 2014 was consistent, so were her UDS tests of 2013 and 2012. On examination, there were no neurologic changes. The patient was diagnosed with persistent bilateral hand carpal tunnel symptoms worse on the right side, chronic neck pain, depression due to chronic pain, and status post lumbar fusion. The provider requested authorization for Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90 for 3-6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (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. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non adherent) 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Based on the patient chart, there is no clear rationale behind the use of high dose of opioids. In addition, there is no clear documentation of pain and functional improvement with Oxycontin. There is no documentation of pain or functional improvement from previous use of Oxycontin. There is no documentation of breakthrough pain. Therefore, the prescription of Oxycontin 40 mg #90 is not medically necessary.