

Case Number:	CM14-0190523		
Date Assigned:	11/24/2014	Date of Injury:	01/25/2011
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 41-year-old gentleman with a date of injury of 01/25/2011. A treating physician note dated 08/08/2014 suggested the mechanism of injury involved slipping and/or falling. This note and treating physician notes dated 07/18/2014, 09/05/2014, and 10/08/2014 indicated the worker was experiencing lower back pain that went into the left buttock and leg, decreased sleep due to pain, and constipation due to medications. A psychology note dated 06/25/2014 indicated the worker had been experiencing symptoms of anxious and depressed mood that were controlled with techniques he had learned; more recent psychologic or psychiatric records were not submitted for review. Documented examinations consistently described a painful walking pattern with a cane, decreased motion in the lower back joints and tenderness with spasm in the lower back. The submitted and reviewed documentation concluded the worker was suffering from lower back pain with spondylosis, osteoarthritis, lumbosacral radiculopathy or neuritis, myofascial pain syndrome, drug-induced constipation, adjustment disorder, sleep deprivation due to pain, weight gain, low testosterone levels, and low vitamin D levels. Treatment recommendations included pain medication, medication to protect the gut, constipation medications, continued exercise, neurology specialist evaluation, a sleep study, a CT of the pelvis, follow up with an interventional pain specialist, and follow up with psychiatry. A Utilization Review decision was rendered on 10/21/2014 recommending non-certification for sixty tablets of OxyContin (sustained-release oxycodone) 10mg and psychiatrist follow up care. A psychiatric note dated 10/11/2014, which was after the date of the requested authorization, was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Weaning of Medications Page(s): 74-95,124.

Decision rationale: OxyContin (sustained-release oxycodone) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts. An ongoing review of the overall situation should be continued with special attention paid to the continued need for this medication, potential abuse or misuse of the medication, and non-opioid methods for pain management. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. Consideration for consultation with a multidisciplinary pain clinic or weaning off the medication is encouraged if the pain does not improve with opioid therapy within three months or when these criteria are not met. An individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the left buttock and leg, decreased sleep due to pain, and constipation due to medications. There was no documentation that this medication caused improved pain intensity, function, or quality of life. Rather, a note dated 08/08/2014 stated the worker reported no or minimal pain reduction with this medication but increased associated constipation. The reviewed records did not include pain assessments that contained the majority of the elements suggested by the Guidelines, an individualized risk assessment, evidence of active monitoring for misuse or abuse, or a discussion sufficiently supporting continued use of this medication in this setting. In the absence of such evidence, the current request for sixty tablets of OxyContin (sustained-release oxycodone) 10mg is not medically necessary. While the Guideline recommend an individualized taper of medication to avoid withdrawal symptoms, this should be able to be accomplished with the medication the worker has available.

Psychiatrist follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Intensive psychological treatment from mental health specialists using a multidisciplinary approach in particular is recommended when the worker's pain does not improve despite treatment that included brief psychotherapy. The submitted and reviewed records indicated the worker was experiencing continued lower back pain that went into the left buttock and leg, decreased sleep due to pain, and constipation due to medications. A psychology note dated several months before this request for psychiatry follow up indicated the worker had been experiencing symptoms of anxious and depressed mood at that time that were controlled with psychotherapy techniques he had learned. More recent psychologic or psychiatric records were not submitted for review, and no symptoms or signs of worsening mood were described in these records. Further, the documentation suggested the worker did not want treatment for altered mood with medications, and the worker had stopped such medications that had previously been recommended in the past. There was no discussion sufficiently supporting the follow up psychiatric care in this setting. In the absence of such evidence, the current request for psychiatrist follow up care is not medically necessary.