

Case Number:	CM14-0193450		
Date Assigned:	12/01/2014	Date of Injury:	10/14/2009
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/18/2014

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 Therapy & 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 55 year old male with an injury date on 10/14/09. Patient complains of cervical pain radiating down bilateral shoulders with numbness/tingling, and low lumbar pain radiating into the bilateral legs rated 9/10 per 10/14/14 report. The patient states that the cervical pain radiates to the bilateral shoulders, left > right, and into the fingertips with numbness/tingling/weakness, and the lumbar pain radiates to the bilateral legs and down to the feet with numbness/tingling/weakness per 9/9/14 report. The patient's pain has remained unchanged since the last visit, and he states the medications are helping with the pain per 10/14/14 report. Based on the 10/14/14 progress report provided by the treating physician, the diagnoses are: 1) cervical disc disease, 2) cervical radiculopathy, 3) s/p left shoulder arthroscopy with residual, 4) right shoulder impingement, 5) bilateral carpal tunnel syndrome, 6) lumbar disc disease, 7) lumbar radiculopathy, 8) lumbar facet syndrome, 9) psych problem, 10) chronic pain. A physical exam on 10/14/14 showed "C-spine range of motion limited with extension/flexion both decreased by 10 degrees each, L-spine range of motion limited with flexion decreased by 20 degrees." The patient's treatment history includes TENS (not helpful), physical therapy (not helpful), medication. The treating physician is requesting oxycontin 30mg #60. The utilization review determination being challenged is dated 10/30/14. The requesting physician provided treatment reports from 8/1/13 to 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS medication for chronic pain Page(s): 60-61, 76-78, 88-89.

Decision rationale: This injured worker presents with neck pain, lower back pain, bilateral shoulder pain, bilateral leg pain. The treater has asked for Oxycontin 30MG #60 on 10/14/14. Injured worker has been taking Oxycodone in 4/24/14 report, and then switched to a Fentanyl patch and Percocet in 5/29/14 report. The injured worker then switched to Roxicodone (paid out of pocket) per 8/1/13 report, as his medications were denied. As of 10/14/14 report, the injured worker is back on Fentanyl and Percocet, and the treater is also requesting a "refill" of oxycontin per 10/14/14 report. For chronic opioids use, 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. In this case, the treater indicates a decrease in pain with current medications which include oxycontin, stating "his medications are helping his pain" per 10/14/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of oxycontin. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.