MAXIMUS Federal Services

Case Number:	CM14-0195215		
Date Assigned:	12/02/2014	Date of Injury:	12/13/2001
Decision Date:	01/20/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 32 year old female with an injury date on 12/13/2001. Based on the 10/31/2014 progress report provided by the treating physician, the diagnoses are: 1. Status post micro discectomy lumbar spine times one in April 2004 with failed spinal surgery syndrome. 2. Facet compromise of her lumbosacral spine per provocative maneuvers, complaints, and exam. 3. Epidural lumbar spine with marked benefit indicating dorsal column inflammation associated with disk annular disruption syndrome. 4. Significant exacerbation of chronic spinal pain.According to this report, the patient complains of 4/10 aching, burning, sharp, stabbing and shooting low back pain with stiffness and numbness into the bilateral legs. The patient indicates back extension, flexion, stretching and lifting would worsen the condition. Physical exam reveals tenderness and spasm across the lumbosacral along the paraspinous area. Decreased sensation to light touch is noted at the right L5 and L4 dermatome. Pain to palpation is noted over the right L3 -L4, L4- L5 and L5-S1 facet capsules. The 07/09/2014b and 09/05/204 reports indicate patient's pain is a 6/10. Treatment to date includes micro discectomy lumbar spine, Epidural lumbar spine with marked benefit, and MRI of the lumbosacral spine. The treatment plan is to refill all medications, continue with aquatic therapy. There were no other significant findings noted on this report. The utilization review denied the request for Oxycontin 60 mg #120 on 11/14/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/20/2014 to 10/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88, 89, 76-78.

Decision rationale: The current request is for Oxycontin 60 mg #120 but the treating physician's report and request for authorization containing the request is not included in the file. This medication was first mentioned in the 06/27/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. Review of report shows documentation of analgesia with pain going from 6/10 to 4/10. UDS was obtained on 09/05/2014 but the result was not discussed. Other than these, the treating physician does not discuss specific improvement in ADLs or document functional improvement. No return to work or opiate monitoring is discussed such as CURES and behavioral issues. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to clearly document ADL's, adverse effects and adverse behavior as required by MTUS. The request is not medically necessary.