

Case Number:	CM14-0195802		
Date Assigned:	12/03/2014	Date of Injury:	05/16/2012
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
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 31 year old male with a date of injury on May 16, 2012. Prior treatment included epidural steroid facet injections, and anterior spinal discectomy at L5-S1 in 2013, and a lumbar brace. On February 10, 2014, a CT scan of the lumbar spine revealed no evidence of vertebral body fracture, subluxation, or scoliosis. There was no spinal stenosis, neural foramina narrowing, or disc herniation. There was dynamic disc prosthesis at the level of L5-S1 without evidence of vertebral body collapse. The neural foramina and spinal canal were patent. On August 12, 2014, an electromyogram/nerve conduction velocity study revealed right peroneal neuropathy. The medical records show that drug screen testing was performed. On October 29, 2014, the primary treating physician noted continued lower back pain, rated 10/10 without medications, and 5/10 with pain medications. The physical exam revealed a normal gait with normal heel/toe swing through gait, no evidence of a limp, no evidence of weakness on the toes or heels, palpable right sacroiliac joint tenderness, and positive lower extremity pulses. There was mildly decreased bilateral hip and knee flexion. Diagnoses include bilateral lumbar radiculopathy, L5-S1 disc degeneration/displacement and status post L5-S1 total disc arthroplasty. The treatment plan included proceeding with a planned medial branch block on November 21, 2014, continuing his current pain medications, and following up in 4-6 weeks to assess his response to the medial branch block. Work status was temporarily totally disabled. On November 12, 2014 Utilization Review non-certified a prescription for Oxycontin 30mg and Percocet 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 30mg 1 every 8 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Immediate Release Page(s): 78.

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

Decision rationale: This patient presents with chronic low back pain. The current request is for OXYCONTIN 30MG 1 EVERY 8 HOURS #90. MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates that the patient has been utilizing Oxycontin since at least 5/9/14. Report 6/27/14 states that the patient has a new onset of pain in his lower back that is rated as 10/10. Treatment plan was for MRI and continuation of medications. The patient rated his low back pain as 10/10 again on 7/23/14. He continues to take Oxycontin and Percocet. UDS from 6/27/14 was consistent for the medications prescribed. Report 10/29/14 notes pain is reduced to 5/10 from 10/10 with the use of medications. The patient is TTD until 12/10/14. In this case, recommendation for further use of Oxycontin cannot be supported as there are no discussions of functional improvement, return to work status, or changes in ADLs with taking long term opiate. There are numerous urine drug screen provided to monitor compliance, but no discussion of possible adverse side effects as require by MTUS for opiate manage. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested Oxycontin is not medically necessary and recommendation is for slow weaning per MTUS.

Percocet 10/325mg 1 every 8 hours #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet) Page(s): 92.

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

Decision rationale: This patient presents with chronic low back pain. The current request is for PERCOCET 10/325MG 1 EVERY 8 HOURS, #90. MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates that the patient has been utilizing Percocet since at least

5/9/14. Report 6/27/14 states that the patient has a new onset of pain in his lower back that is rated as 10/10. Treatment plan was for MRI and continuation of medications. The patient rated his low back pain as 10/10 again on 7/23/14. He continues to take Oxycontin and Percocet. UDS from 6/27/14 was consistent for the medications prescribed. Report 10/29/14 notes pain is reduced to 5/10 from 10/10 with the use of medications. The patient is TTD until 12/10/14. In this case, recommendation for further use of Oxycontin cannot be supported as there are no discussions of functional improvement, return to work status, or changes in ADLs with taking long term opiate. There are numerous urine drug screen provided to monitor compliance, but no discussion of possible adverse side effects as require by MTUS for opiate manage. The treating physician has failed to provide the minimum requirements of documentation that are outlined for MTUS for continued opiate use. The requested Percocet is not medically necessary and recommendation is for slow weaning per MTUS.