

Case Number:	CM14-0196741		
Date Assigned:	12/04/2014	Date of Injury:	09/02/2000
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 47-year-old man who sustained a work-related injury on September 2, 2000. Subsequently, the patient developed chronic back and knee pain. Prior treatments included: physical therapy (put on hold by the patient due to increased pain with physical therapy), medications, FRP, L5-S1 discectomy and fusion, and HEP. According to a follow-up report dated November 14, 2014, the patient was complaining of low back pain, left knee, hip pain and mid back pain. The patient reported constant bilateral knees pain, right worse than left, low back, and neck pain. The patient described the pain as aching, burning, cramping, and sharp. The patient noted that the right knee clicks and pops when he is walking. He also noted the right knee gives out at times. He rated his pain at 8/10 without medications and 6/10 with medications. The patient reported that since his injury he had issues with his bowel control. He also reported sexual dysfunction. Physical examination revealed joint swelling, joint stiffness, and joint tenderness of both knee joints. Numbness and tingling was noted in the bilateral lower extremities. There was diminished sensation in the entire right leg. Tenderness was noted over midline of lumbar spine. Straight leg raising seated positive on both sides at 30 degrees. During the follow-up visit, the patient was encouraged to start the process of weaning. The patient was diagnosed with depressive disorder, osteoarthritis of knee, joint pain, degeneration of lumbar intervertebral disc, lumbar post-laminectomy syndrome, and fibromyositis. The provider requested authorization for Oxycontin and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg ER QTY: 180.00: Upheld

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

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

Decision rationale: 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 medical records, the patient has used high dose opioid analgesics for long time without documentation of pain and functional improvement. There is no justification for the use of more than one opioids. The patient was encouraged to start the process of weaning by decreasing Oxycontin intake. Based on these findings, the prescription of Oxycontin 20mg ER #180 is not medically necessary.

Percocet 10/325mg QTY: 180.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: 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>The patient have been using opioids for long period of time without recent documentation of full control of pain and without any documentation of fictional or quality of life improvement. There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of narcotics. Therefore the prescription of Percocet 10/325mg #180 is not medically necessary.