

Case Number:	CM14-0197619		
Date Assigned:	12/05/2014	Date of Injury:	04/29/2003
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, 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 60 year old male with an injury date on 04/29/2003. Based on the 09/08/2014 progress report provided by the treating physician, the diagnoses are displacement of lumbar intervertebral disc without myelopathy, spinal stenosis, lumbar region without neurogenic claudication post op depression, thoracic or lumbosacral neuritis or radiculitis, unspecified and spasticity related cervical myelopathy. According to this report, the patient complains of low back pain and ambulates with a cane for stability. Physical exam reveals a well healed lumbar incision. Lumbar range of motion is limited. There is weakness in the right foot dorsiflexion. Deep tendon reflex of the right biceps is absent. There is some atrophy of the right biceps muscle and weakness of the right deltoid muscle. The examination finding is unchanged from 07/28/2014 report. CT scan of the lumbar spine in March of 2014 "demonstrates advanced degeneration of the L4-5 and L5-S1 discs with anterior spurs at L3-4 and L2-3 as well. This indicates multilevel lumbar disc degeneration." Treatment to date includes right L4-L5 decompressed laminectomy/medial facetectomy, pain management, physical therapy, and medications. The treatment plan is to refill Oxycodone and Norco for breakthrough pain and reevaluate in 6 weeks. The patient's work status is "Remain off-work, permanently disabled." There were no other significant findings noted on this report. The utilization review denied the request for (1) Oxycodone IR 30mg #120, (2) Norco 10/325mg #180, (3) a referral to a podiatrist within the MPN on 11/04/2014 based on the ACOEM/MTUS guidelines. The requesting physician provided treatment reports from 01/18/2013 to 09/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycodone IR 30 mg # 120: Upheld

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

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

Decision rationale: According to the 09/08/2014 report, this patient presents with low back pain. 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. The treating physician states that the patient found "OxyContin 40 mg 4 times a day and Norco 10/325mg" was more effective than Methadone. There have been no associated side effects since his last appointment on June 2014. Other than these, the reports do not show documentation of pain assessment; no numerical scale is used describing the patient's function. No specific ADL's or aberrant drug seeking behavior are mentioned. No opiate monitoring is discussed such as urine toxicology and CURES. 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 the 4 A's as required by MTUS. Therefore, the request is not medically necessary.

One prescription of Norco 10/325 mg # 180: Upheld

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

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

Decision rationale: According to the 09/08/2014 report, this patient presents with low back pain. This medication was first mentioned in the 01/18/2013 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. The treating physician states that the patient found "OxyContin 40 mg 4 times a day and Norco 10/325mg" was more effective than Methadone. There have been no associated side effects since his last appointment on June 2014. Other than these, the reports do not show documentation of pain assessment; no numerical scale is used describing the patient's

function. No specific ADL's or aberrant drugs seeking behavior are mentioned. No opiate monitoring is discussed such as urine toxicology and CURES. 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 the 4 A's as required by MTUS. Therefore, the request is not medically necessary.

One referral to a podiatrist within the MPN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Ch: 7 page 127

Decision rationale: According to the 09/08/2014 report, this patient presents with low back pain. The current request is for one referral to a podiatrist within the MPN but the treating physician's report containing the request is not included in the file. The ACOEM guidelines chapter 7 page 127 indicates that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Review of the provided reports, the treating physician does not document that the patient is suffering with foot pain. There were no exam findings, no discussion regarding foot issue. The treating physician does not provide a medical rationale for the request of a referral to a podiatrist. The current request is not medically necessary.