

Case Number:	CM14-0199342		
Date Assigned:	12/09/2014	Date of Injury:	05/27/2004
Decision Date:	01/31/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice 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:

This is a 50 years old female patient who sustained an injury on 5/27/2004. The current diagnoses include lumbosacral neuritis or radiculitis, post laminectomy syndrome, abnormality of gait and chronic pain syndrome. Per the doctor's note dated 11/21/2014, she had complaints of chronic low back pain. The physical examination revealed trigger point palpated in the thoracic paraspinals bilaterally, limited range of motion, 4-/5 strength in bilateral hip and knee flexion and extension, paresthesias to light touch in the dorsal and lateral aspect of the left foot and positive SI joint compression test. The medications list includes norco, trazadone, biofreeze with illex gel, nexium, gralise, cyclobenzaprine, oxycodone, albuterol, aspirin, centrum multivitamin and diltiazem. She has had MRI left wrist dated 10/25/2007 which revealed moderate osteoarthritis at the pizotriquetral joint with bony edema noted both within the pisiform and triquetrum, a moderate joint effusion and osteochondral body in the proximal recess corresponding the osteochondral defect of the distal pisiform, tendinosis of the extensor carpi ulnaris with chronic split of the radial margin of the tendon just distal to the ulnar styloid and associated chronic synovitis; EMG/NCS dated 10/23/13 which revealed left L5-S1 radiculopathy and probable right L5-S1 radiculopathy. She had undergone bilateral L5-S1 laminectomy with decompression in 1/2007; gall bladder surgery, hernia surgery, hysterectomy and cesarean section in 1980, 1984 and 1986. She has had urine drug screen on 1/16/12 with negative results; urine drug screen on 8/22/13 which was inconsistent for hydrocodone. She has recently had urine drug screen on 11/21/2014. This urine drug screen report was not specified in the records provided. She has had acupuncture visits, physical therapy visits and TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin HCl 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin, Criteria for use of opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 12/31/14) Opioids, criteria for use.

Decision rationale: Oxycontin contains oxycodone which is an opioid analgesic. According to CA MTUS guidelines cited above, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. She has recently had urine drug screen on 11/21/2014. This urine drug screen report was not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 1 prescription of Oxycontin HCl 10mg, #90 is not established for this patient.