

Case Number:	CM14-0202617		
Date Assigned:	12/15/2014	Date of Injury:	05/31/2010
Decision Date:	02/05/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 Pain Medicine and is licensed to practice in Florida. 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 57 year old male sustained work related industrial injuries on May 31, 2010. Per Utilization Review, the injured worker sustained pain to his back while bending over to remove clothes from his dryer. According to the provider notes, the injured worker was status post laminectomy in 1994 without problems after surgery. The injured worker was diagnosed and treated for postlaminectomy syndrome of lumbar region, displacement of lumbar intervertebral disc without myelopathy, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, cervicalgia, and thoracic sprain. Treatment consisted of diagnostic studies, prescribed medications, pain management and routine follow up visits. The injured worker continues to complain of low back pain. He reported increased back pain with any bending, prolonged sitting, prolonged walking, twisting or turning. According to the provider notes dated October 28, 2014 and November 26, 2014, the injured worker ambulates with antalgic gate and a cane. Physical exams revealed tenderness to palpitation over the thoracic paraspinal muscles and tenderness over the T6-T8 spinous process. Documentation noted acute tenderness to palpitation over the visible well healed scar, lumbar paraspinal muscles and gluteal muscles. Lumbar range of motion was 40 degrees forward flexion, 5 degrees extension and 10 degrees lateral bending to the left and 15 degrees to the right. Straight leg raise test was positive on right with positive Lasegue's test. Per treating provider report dated November 26, 2014, the injured worker's work status remains permanent and stationary. The treating physician prescribed services for Oxycontin 20mg #90 now under review. On November 5, 2014, the Utilization Review (UR) evaluated the prescription for Oxycontin 20mg #90 requested on October 29, 2014. Upon review of the clinical information, UR modified the request to Oxycontin 20mg #21, noting the lack of sufficient clinical documentation to substantiate the claim for continued narcotics, initiation of a weaning

process and the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -pain, opioids.

Decision rationale: Official Disability Guidelines (ODG) guidelines support opioids congruent with recommendations including (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 nonadherent) 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 for documentation of the clinical use of these controlled drugs. (Passik, 2000) The medical records provided for review do not document ongoing functional benefit from the treatment and does not include a rationale for oxycontin on a q 8 hour schedule given the medication is recommended q 12 hours. As the medical records do not demonstrate findings congruent with ODG guidelines, the records do not support oxycontin 20 mg TID #90.