

Case Number:	CM14-0208202		
Date Assigned:	12/19/2014	Date of Injury:	12/20/2001
Decision Date:	02/17/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/11/2014

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 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 58 year old male with an injury date of 12/20/01. Based on the 03/24/14 progress report, the patient complains of lumbar spine pain and he has a loss of range of motion. The 05/05/14 report states that the patient has a shortness of breath upon exertion. The 05/28/14 report indicates that the patient has back and right sided leg pain. No additional positive exam findings were provided on these reports. The patient's diagnoses include the following: 1. Preoperative evaluation for lumbar spine surgery 2. Rule out hypertensive heart disease 3. Hypertension 4. Diabetes mellitus The utilization review determination being challenged is dated 05/14/14. Treatment reports were provided from 04/12/13- 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: Upheld

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

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: The patient presents with lumbar spine pain, back pain, right sided leg pain, and a shortness of breath upon exertion. The request is for OxyContin 40 mg #90. The utilization review denial rationale is that "there is insufficient information with respect to guideline direction to determine medical appropriateness." The report with the request was not provided nor was there any discussion provided regarding Oxycontin. 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 4 A's (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. MTUS guidelines pages 60-61 state that "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." In this case, there is no recent list of medications provided. There is no discussion of why Oxycontin was added to the patient's medication regimen, nor is there any mention of any prior opiate use. There is no discussion on the "aim of use of the medication" or on "potential benefits and adverse effects." Therefore, the requested trial of Oxycontin is not medically necessary.

Oxy IR 15mg #180: Upheld

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

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: The patient presents with lumbar spine pain, back pain, right sided leg pain, and a shortness of breath upon exertion. The request is for Oxy IR 15 MG #180. The utilization review denial rationale is that "there is insufficient information with respect to guideline direction to determine medical appropriateness." The report with the request was not provided nor was there any discussion provided regarding Oxy IR. 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 4 A's (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. MTUS guidelines pages 60-61 state that "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual

medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." In this case, there is no recent list of medications provided. There is no discussion of why Oxy IR was added to the patient's medication regimen, nor is there any mention of any prior opiate use. There is no discussion on the "aim of use of the medication" or on "potential benefits and adverse effects." Therefore, the requested trial of Oxy IR is not medically necessary.