

Case Number:	CM14-0064654		
Date Assigned:	07/11/2014	Date of Injury:	04/18/2011
Decision Date:	01/28/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/07/2014

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 57-year-old female with an injury date of 04/18/11. Based on the 03/14/14 progress report, the patient complains of lumbosacral pain that has not changed and bilateral lower extremity weakness. Physical examination on 03/19/14 revealed "old post-surgical scarring and diffuse lumbar TTP no step-off midline / decreased range of motion secondary to pain." At physical exam on 03/14/14, depression, gastritis, stress, and sleep disturbances are noted. On 03/14/14, patient was taking Lyrica and Oxycontin "which relieves pain moderately." Celebrex and Sudafed are noted per progress notes 04/18/14. Documentation does not include any pain scales. Urine drug screen on 02/20/12 and 11/21/13 provided inconsistent results. Patient is on Temporarily Total Disability through 6 weeks, per progress report 04/18/14. Per progress report of 11/13/13, a CT scan of the abdomen on 06/07/13 found moderate stool content in the colon, evidence of spine surgery with screws in the lumbar vertebrae, and calcification on both sides of the pelvis, which may be in the ovaries. Diagnosis 03/14/14 Lumbosacral Fusion Hardware Removal and Repeat Fusion Surgery Status post Left Shoulder Arthroscopic Surgery Chronic Pain Syndrome Seasonal Affective Disorder Sleep Disturbances Diagnosis 05/16/14 Depression Not Otherwise Specified The utilization review determination being challenged is dated 04/21/14. The rationale was that "the medical necessity for the continued use of this narcotic has not been established". The request was modified to initiate a weaning process or to allow the provider time to document derived functional benefit if any. Treatment reports were provided from 10/23/13 to 06/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Oxycodone-APAP 10/325 mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89, 76-78.

Decision rationale: Patient presents with lumbosacral pain that has not changed and bilateral lower extremity weakness. The request is for pharmacy purchase of Oxycodone APAP 10/325 MG #240. The patient has history of Lumbar fusion, hardware removal, repeat fusion surgery, and left shoulder arthroscopic surgery. Treater states on 3/14/14 that Lyrica and Oxycontin "relieve pain moderately." The treater prescribed various opiates including Norco on 5/16/14, and Percocet on 6/10/14. 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. In this case, the treater does not provide adequate documentation of the four A's for on-going and chronic opiate use. There are no pain assessments to show analgesia; no numerical scale or validated instrument use showing functional improvement; no specific ADL's showing significant improvement. UDS's are obtained but the inconsistent results are not discussed. Given the lack of adequate discussion regarding opiate use, the request IS NOT medically necessary.