

Case Number:	CM15-0005748		
Date Assigned:	01/20/2015	Date of Injury:	06/24/1987
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 53 year old male who sustained an industrial related injury on 6/24/87. The injured worker had complaints of neck, back, and knee pain. Diagnoses included cervical pain and muscle spasm. Past treatment included pool therapy. On 1/5/15 the treating physician requested one prescription for Oxycontin 30mg #180 and a one year membership to a pool exercise program. On 12/24/14 the request for Oxycontin 30mg #180 was modified to a quantity of 120. The request for pool therapy was non-certified. Regarding Oxycontin, the utilization review (UR) physician cited the Chronic Pain Medical Treatment guidelines and noted no significant functional improvement with this medication was documented. Regarding pool therapy, the UR physician cited the Official Disability Guidelines and noted gym memberships, health clubs, swimming pools, and athletic clubs would not generally be considered medical treatment. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycontin 30mg #180: Upheld

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

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

Decision rationale: The patient presents with chronic low back pain. The current request is for ONE PRESCRIPTION OF OXYCONTIN 30MG #180. For chronic opioid use, the 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 4As (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. The progress reports reviewed indicate the patient increased his dosage as the medication was not as effective. Report dated 11/5/14 states that dosing was reduced after patient's misuse of medications. There are no further discussions of efficacy of this medication. In this case, recommendation for further use of Oxycontin cannot be supported as there are no discussions regarding functional improvement, changes in ADLs, or change in work status to document significant functional improvement. There are no before and after pain scales to denote a decrease in pain with using long term opiate. Multiple urine drug screens are provided, but there are no discussions regarding aberrant behaviors or adverse side effects with medication. The treating physician has failed to document the minimal requirements of documentation that are outlined in MTUS for continued opiate use. The requested Oxycontin IS NOT medically necessary and recommendation is for slow weaning per MTUS.

One year membership to pool exercise program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, Gym memberships

Decision rationale: The patient presents with chronic low back pain. The current request is for ONE YEAR MEMBERSHIP TO POOL EXERCISE PROGRAM. Regarding gym memberships, ODG Guidelines only allow in cases where it documented home exercise program with periodic assessment and revision have not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, ODG does not support one type of exercise over another. The treating physician does not discuss weight bearing issues that may warrant aquatic therapy. Furthermore, ODG generally does not support pool/gym memberships as medical treatments. The requested membership for pool exercise program IS NOT medically necessary.