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| Case Number: | CM15-0100824 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 07/15/1988 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 05/18/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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, Pain Management

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 60-year-old female, who sustained an industrial injury on 7/15/1988. The current diagnoses are lumbar sprain/strain, degenerative joint disease, facet arthrosis, and chronic insomnia due to pain. According to the progress report dated 4/29/2015, the injured worker complains of severe back pain, spasms, and ongoing shooting pain in her bilateral lower legs, right worse than left. Her average pain is rated 8/10 on a subjective pain scale, at best 4/10 with medications and 10/10 without. With medications, she reports 50% reduction in pain and 50% functional improvement with activities of daily living. The physical examination reveals palpable spasm in the lumbar trunk, restricted range of motion, positive straight leg raise test bilaterally, diminished sensation to light touch and pinprick in the right lateral calf and bottom of her foot, absent Achilles tendon reflex on the left, and motor weakness in the right lower leg. The current medications are MS Contin and Oxycodone. Per notes, urine drug screens have been appropriate. Treatment to date has included medication management, MRI studies, discogram, and intradiscal electrothermal annuloplasty (IDET). The plan of care includes prescription refills for MS Contin and Oxycodone. A report dated December 8, 2014 indicates that medication reduces the patient's pain from 10/10 to 4/10 and that the patient has a narcotic agreement and urine drug screens have been consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for MS Contin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. Guidelines recommend exceeding 120 mg of morphine equivalents only if a pain management physician has seen the patient. It is acknowledged, that the patient is over 120 morphine equivalents and does not appear to have seen a pain management physician, as recommended by guidelines. As such, a one-month prescription of this medication seems reasonable to allow the treating physician time to obtain a pain management consultation to evaluate the current medication regimen. In light of the above, the currently requested MS Contin is medically necessary.

Oxycodone 30mg #150: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycodone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. Guidelines recommend exceeding 120 mg of morphine equivalents only if a pain management physician has seen the patient. It is acknowledged, that the patient is over 120 morphine equivalents and does not appear to have seen a pain management physician, as recommended by guidelines. As such, a one-month prescription of this medication seems reasonable to allow the treating physician time to obtain a pain management consultation to evaluate the current medication regimen. In light of the above, the currently requested Oxycodone is medically necessary.