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| Case Number: | CM15-0101212 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 09/19/2003 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 05/12/2015 |
| 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: North Carolina

Certification(s)/Specialty: Family Practice

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 71-year-old female, who sustained an industrial injury on 9/19/03. She reported initial complaints of low back. The injured worker was diagnosed as having sciatic nerve lesion; spasm of muscle; joint pain-up/arm; spinal stenosis lumbar with claudication; other back symptoms; postlaminectomy syndrome-lumbar; hip pain. Treatment to date has included status post lumbar laminectomy L4-5/L5-S1 and reentry laminectomy L2-3/L3-4 (12/13/12); epidural steroid injections - lumbar; facet lumbar injections; radiofrequency ablation lumbar; physical therapy; medications Currently, the PR-2 notes dated 5/6/15 indicated the injured worker complains of back pain radiating from low back down right leg. The pain level has increased since her last visit and rates the pain as 10/10 with medications. She rates the pain without medications as 10/10. She reports no change in location of pain and denies any other symptoms other than pain and no new problems or side effects. Her quality of sleep is poor. She is not trying any other therapies for pain relief and denies any new injury since her last visit and quality of life has remained the same. Her activity level has decreased and is taking the medications as prescribed. She reports that due to her right knee pain and radicular back pain she is not able to ambulate or leave home and does not feel safe using her walker because her right knee gives out. Objective findings indicate she has a slow gait; stooped gait and is assisted by a cane. On inspection of the lumbar spine, there is a surgical scar (status post lumbar laminectomy L4-5/L5-S1 and reentry laminectomy L2-3/L3-4 (12/13/12)). Her range of motion is restricted with flexion to 30 degrees due to pain and extension is limited to 10 degrees due to pain. On palpation, the paravertebral muscles note tenderness and a tight muscle band is noted on both sides. Tenderness is noted over the right gluteus medius and piriformis significant

tenderness and trigger points. The right hip range of motion is restricted with flexion limited to 70 degrees due to pain and internal rotation limited to 5 degrees due to pain. Tenderness is noted over the trochanter and right IT band. Left notes no limitation. The right knee is inspected and reveals joint surgical scars. The range of motion is restricted with flexion limited to degrees and extension with tenderness to palpation. Straight leg raise test is positive on the right side. The provider documents the injured worker has been diagnosed with advanced lung cancer. They will hold the spinal cord stimulator trial at this time. However, once she has completed treatment for lung cancer, she will be a candidate for it once again. Medications has been refilled at this time and will follow-up in 8 weeks as she has many other appointments in regards to her lung cancer treatment. In regards to her knee instability, he is recommending a medial unloader brace as well as an updated x-ray to ensure no hardware malfunction in the right knee as she has a total knee replacement. He has also requested a lumbar brace for additional support and comfort. He is discontinuing the Dilaudid as it is reported to cause her abdominal discomfort. He is requesting a trial of Oxycodone 15mg #100 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg, quantity: 100 with 1 refill: 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 opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (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 4A'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 non-adherent) drug-related behaviors. These domains have been summarized as the "4A'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)(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f)

Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse.

When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.