

Case Number:	CM15-0103363		
Date Assigned:	06/05/2015	Date of Injury:	04/16/2003
Decision Date:	07/13/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, California
 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 42 year old male, who sustained an industrial injury on 4/16/03. He reported initial complaints of back and left shoulder pain. The injured worker was diagnosed as having status post lumbar fusion L4-S1-2; chronic L5-S1 radiculopathy; lumbar degenerative disc disease; lumbar facet arthrosis; chronic low back pain; multifactorial stenosis. Treatment to date has included status post left shoulder arthroscopy/debridement with subacromial decompression (8/21/03); status post lumbar fusion L4-S1-2; physical therapy; medications. Currently, the PR-2 notes dated 4/15/15 indicated the injured worker complains of chronic low back pain, status post lumbosacral fusion L4-5 and L5-S1 posteriorly laminectomy and interbody fusion L4-5 and 15-S1 and left painful shoulder. The provider documents the injured worker has continued severe pain in the low back that shoots into the legs. His pain level is 8/10 without medications and 3/10 with medications. Medications allow him to do light housework. It now radiates to his buttocks and groin. On physical examination, the lumbar spine reveals a healed surgical incision with decreased motion on flexion and extension and side bending with pain. He has positive straight leg raising bilaterally with positive Lasegue's testing. The lumbar paravertebral tenderness is noted bilaterally with spasms. He notes L3 radiculopathy bilaterally. The left shoulder is painful with decreased range of motion and noted healed scars. His forward flexion and abduction to 90 degrees is noted. The left elbow exam revealed mild to moderate soft tissue swelling about the left lateral epicondyle. He has painful gripping on the left side and there is a positive tennis elbow test. There is tenderness to palpation over the lateral epicondyle. The treatment plan includes continuation of a home exercise program, TENS/EMS unit. The

provider is also requesting Oxycontin 60mg #90 and heating pad for muscle spasms. The patient sustained the injury when he was moving a heavy weight. The medication list includes Oxycontin and Vicodin. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg, #90: Upheld

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 -Opioids, criteria for use: page 76-80 Criteria for use of Opioids Therapeutic Trial of Opioids.

Decision rationale: Oxycontin which is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals". The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs". The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications, without the use of Oxycontin, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The request for Oxycontin 60mg, #90 is not medically necessary or established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Heating Pad for muscle spasms: Overturned

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, Heat Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299 Physical Therapeutic Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15) Cold/heat packs.

Decision rationale: Per the ACOEM guidelines cited below "At home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold". He reported initial complaints of back and left shoulder pain. The injured worker was diagnosed as having status post lumbar fusion L4-S1-2; chronic L5-S1 radiculopathy; lumbar degenerative disc disease; lumbar facet arthrosis; chronic low back pain; multifactorial stenosis. Treatment to date has included status post left shoulder arthroscopy/debridement with subacromial decompression (8/21/03); status post lumbar fusion L4-S1-2; physical therapy; medications. Currently, the PR-2 notes dated 4/15/15 indicated the injured worker complains of chronic low back pain, status post lumbosacral fusion L4-5 and L5-S1 posteriorly laminectomy and interbody fusion L4-5 and L5-S1 and left painful shoulder. The provider documents the injured worker has continued severe pain in the low back that shoots into the legs. His pain level is 8/10 without medications and 3/10 with medications. It now radiates to his buttocks and groin. On physical examination, the lumbar spine reveals a healed surgical incision with decreased motion on flexion and extension and side bending with pain. He has positive straight leg raising bilaterally with positive Lasegue's testing. The lumbar paravertebral tenderness is noted bilaterally with spasms. He notes L3 radiculopathy bilaterally. The left shoulder is painful with decreased range of motion and noted healed scars. His forward flexion and abduction to 90 degrees is noted. Therefore the patient has had significant objective findings, including muscle spasms that would be helped with a heating Pad. The request for Heating Pad for muscle spasms is medically necessary and appropriate for this patient.