

Case Number:	CM15-0104036		
Date Assigned:	06/11/2015	Date of Injury:	09/05/2001
Decision Date:	07/16/2015	UR Denial Date:	04/29/2015
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: 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 60-year-old female, who sustained an industrial injury on 9/5/01. She has reported initial complaints of neck, low back, right wrist and lower extremity injury from repetitive work. The diagnoses have included strain/sprain of the lumbar spine superimposed upon disc bulging, status post disc arthroplasty, status post bilateral laminectomy 6/25/09, intractable low back pain, right subacromial bursitis, status post release of extensor carpi radialis brevis the right elbow, cervical degenerative disc disease (DDD), cervical facet arthropathy and cervical radiculopathy. Treatment to date has included medications, activity modifications, off work, surgery, injections, physical therapy, other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 3/24/15, the injured worker complains of pain in the neck, right wrist low back and lower extremities. She reports flare-ups of the low back pain and that her blood pressure has been fluctuating. The pain is rated 6-7/10 on pain scale but is reduced to 2-3/10 with use of the current medications. She reports that the medications improve her ability to tolerate activity, noting that she is able to walk, sit, stand and sustain activity for longer periods of time. She reports that without the medications she would not be able to participate in her therapeutic exercises and it would take even longer to perform small household tasks. Physical exam reveals that she displays 70 degrees of flexion and 25 degrees of extension, positive straight leg raise on the right, positive tenderness in the first dorsal compartment, and positive Finkelstein's test. The current medications included Topamax, OxyContin, Percocet, Norco and Lidoderm patch. There is no previous urine drug screen report noted in the records. The physician requested treatments included OxyContin 30 mg #90 and Percocet 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

Decision rationale: The patient presents with pain in her neck and right wrist rated 8/10 without and 3-4/10 with medications. The request is for Oxycontin 30 MG #90. The request for authorization is not provided. The patient is status-post right elbow surgery, 2003; placement of Pro Disc at L4-5, 2008; lumbar laminectomy, 2009; bilateral carpal tunnel release, 2011. MRI of the cervical spine, 07/31/14, shows multilevel degenerative changes secondary to small disc protrusions, facet and unciniate hypertrophy, most notably at the level of C5-6 where there is left-sided neural foraminal, as well as mild spinal stenosis. Physical examination reveals positive straight leg raise on the right. Positive tenderness in first dorsal compartment. Positive Finkelstein's test. The patient reports shingles with steroid injections. The patient has tried physical therapy, acupuncture, chiropractic treatment, injections and surgery. With medication, the patient is able to perform household chores, cooking, grocery shopping, bending or lifting. Is able to walk for 30 minutes, sit for 2 hours, stand for 30 minutes, sleep for 4-6 hours and sustain activity for 4 hours with short breaks. Patient's medications include Topamax, Oxycontin, Norco, Lidoderm Patch and Percocet. Per progress report dated 04/21/15, the patient is permanent and stationary. 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 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. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 04/21/15, treater's reason for the request is "She has responded well to the OxyContin." The patient has been prescribed Oxycontin since at least 02/24/14. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses how Oxycontin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also discussed, specifically showing significant pain reduction with use of Oxycontin. There is documentation and discussion regarding adverse effects and aberrant drug behavior. UDS, 08/21/14, shows the patient is using the medications as prescribed. Therefore, the request is medically necessary.

Percocet 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

Decision rationale: The patient presents with pain in her neck and right wrist rated 8/10 without and 3-4/10 with medications. The request is for Percocet 10/325mg #120. The request for authorization is not provided. The patient is status-post right elbow surgery, 2003; placement of Pro Disc at L4-5, 2008; lumbar laminectomy, 2009; bilateral carpal tunnel release, 2011. MRI of the cervical spine, 07/31/14, shows multilevel degenerative changes secondary to small disc protrusions, facet and unciniate hypertrophy, most notably at the level of C5-6 where there is left-sided neural foraminal, as well as mild spinal stenosis. Physical examination reveals positive straight leg raise on the right. Positive tenderness in first dorsal compartment. Positive Finkelstein's test. The patient reports shingles with steroid injections. The patient has tried physical therapy, acupuncture, chiropractic treatment, injections and surgery. With medication, the patient is able to perform household chores, cooking, grocery shopping, bending or lifting. Is able to walk for 30 minutes, sit for 2 hours, stand for 30 minutes, sleep for 4-6 hours and sustain activity for 4 hours with short breaks. Patient's medications include Topamax, Oxycontin, Norco, Lidoderm Patch and Percocet. Per progress report dated 04/21/15, the patient is permanent and stationary. 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 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. Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 03/24/15, treater's reason for the request is "The medications improve her ability to tolerate activity." The patient has been prescribed Percocet since at least 02/24/14. Per progress report dated 04/21/15, treater notes, "The patient shares that she has tenderness after the session [of physical therapy]. The patient reports that she was given generic Percocet and as a result, she developed a rash and tightness in her throat." Treater continues, "At this time, we will attempt to reduce her pain medication. She is to take the OxyContin three times per day and discontinue Percocet entirely." In this case, it appears the treater will discontinue the use of Percocet. Therefore, the request is not medically necessary.