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| Case Number: | CM15-0109463 | | |
| Date Assigned: | 06/16/2015 | Date of Injury: | 10/06/2009 |
| Decision Date: | 09/04/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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 30 year old male, who sustained an industrial injury on 10-6-09. He reported low back pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, spondylosis, degeneration of lumbar or lumbosacral intervertebral disc, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, anxiety disorder, spasm of muscle, neck sprain, cervical spondylosis without myelopathy, lumbar sprain, lumbosacral spondylosis without myelopathy, and chronic neck pain. Treatment to date has included physical therapy and medication. On 5-11-15 pain was rated as 5 of 10. The injured worker had been taking Oxycontin and Percocet since at least 5-11-15. Currently, the injured worker complains of low back pain, right arm pain and numbness, and posterolateral leg pain. The treating physician requested authorization for Oxycontin 60mg #60, Oxycontin 80mg #30, and Percocet 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #60: 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 Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88,89, 80, 81.

Decision rationale: The patient was injured on 10/06/09 and presents with low back pain with stabbing pain and numbness radiating into his right arm and down the posteriolateral legs. The request is for OXYCONTIN 60 MG #60. There RFA is dated 05/11/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 10/29/14 and progress reports are provided from 10/29/14 to 05/11/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids -Therapeutic Trial of Opioids, 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." On 01/27/15, the patient rated his pain as a 6/10. The 02/24/15, 03/24/15, 04/21/15 reports indicate that he rated his pain as a 5/10. The 04/21/15 report states that the patient is consistent with his CURE's and drug screens with the pain medications given. The 05/11/15 report states that "there are no adverse effects with the pain medication." In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there is a discussion provided on the patient's side effects, not all of the 4 A's are addressed as required by MTUS guidelines. There are no before and after medication pain scales provided nor are there any examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. There are no outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycontin IS NOT medically necessary.

Oxycontin 80mg #30: 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 Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88,89, 80, 81.

Decision rationale: The patient was injured on 10/06/09 and presents with low back pain with stabbing pain and numbness radiating into his right arm and down the posteriolateral legs. The request is for OXYCONTIN 80 MG #30. There RFA is dated 05/11/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 10/29/14 and

progress reports are provided from 10/29/14 to 05/11/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." On 01/27/15, the patient rated his pain as a 6/10. The 02/24/15, 03/24/15, 04/21/15 reports indicate that he rated his pain as a 5/10. The 04/21/15 report states that the patient is consistent with his CURE's and drug screens with the pain medications given. The 05/11/15 report states that "there are no adverse effects with the pain medication." In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there is a discussion provided on the patient's side effects, not all of the 4 A's are addressed as required by MTUS guidelines. There are no before and after medication pain scales provided nor are there any examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. There are no outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycontin IS NOT medically necessary.

Percocet 10/325mg #120: 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 Medications for chronic pain, criteria for use of opioids Page(s): 60,61, 76-78, 88,89, 80, 81.

Decision rationale: The patient was injured on 10/06/09 and presents with low back pain with stabbing pain and numbness radiating into his right arm and down the posteriolateral legs. The request is for PERCOCET 10/325 MG #120. There RFA is dated 05/11/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 10/29/14 and progress reports are provided from 10/29/14 to 05/11/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. MTUS Guidelines, under Opioids For Chronic Pain, pages 80

and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." On 01/27/15, the patient rated his pain as a 6/10. The 02/24/15, 03/24/15, 04/21/15 reports indicate that he rated his pain as a 5/10. The 04/21/15 report states that the patient is consistent with his CURE's and drug screens with the pain medications given. The 05/11/15 report states that "there are no adverse effects with the pain medication." In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there is a discussion provided on the patient's side effects, not all of the 4 A's are addressed as required by MTUS guidelines. There are no before and after medication pain scales provided nor are there any examples of ADLs which demonstrate medication efficacy. No validated instruments are used either. There are no outcome measures provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Percocet IS NOT medically necessary.