

Case Number:	CM15-0136645		
Date Assigned:	07/24/2015	Date of Injury:	12/30/2003
Decision Date:	08/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 56 year old female with an industrial injury dated 12/30/2003. Her diagnoses included status post left carpal tunnel release, status post left cubital tunnel release, status post right carpal tunnel release, bilateral impingement syndrome and chronic pain syndrome. Prior treatment included right shoulder injection, bilateral carpal tunnel release and medications. She presents on 06/16/2015 with complaints of lower backache and left knee pain radiating down her legs. Pain level was unchanged from last visit. She rated her pain with medications as 4 on a scale of 1 to 10. She rates her pain without medications a 10 on a scale of 1-10. Quality of sleep is poor. Activity level has remained the same. Physical exam of the lumbar spine noted restricted range of motion. Lumbar facet loading was positive on both sides. Straight leg raising test is positive on the left side in supine position. Inspection of the left knee revealed restricted range of motion and tenderness. Work status: currently not working. The treatment plan included transforaminal lumbar epidural injection and medications. The treatment request is for Oxycontin 30 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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(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 4 A'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 "4 A'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". Based on the medical records, the patient has used opioid analgesics for long time without documentation of functional improvement and return to work. There is no documentation of compliance of the patient with medications. Based on these findings, the prescription of IR Oxycontin 30 mg #120 is not medically necessary.