

Case Number:	CM15-0142176		
Date Assigned:	08/03/2015	Date of Injury:	01/02/2014
Decision Date:	09/29/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 39 year old male, with a reported date of injury of 01-02-2014. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar radiculopathy, thoracic or lumbosacral neuritis or radiculitis, degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, chronic radiculitis, and lumbar strain. Treatments and evaluation to date have included physical therapy, lumbar microdiscectomy at L4 to L5 on 05-08-2014, and oral medications. The diagnostic studies to date have included an MRI of the lumbar spine on 01-21-2015, which showed degenerative disc disease, disc bulge, disc osteophyte, and moderate foraminal stenosis; and electrodiagnostic studies of the bilateral lower extremities on 04-29-2015, which showed evidence of chronic bilateral L5 radiculopathy. The medical report dated 06-23-2015 indicates that the injured worker complained of low back pain and left leg pain. The symptoms were reported as being severe. The injured worker stated that the pain radiated from his low back down his left leg and foot. He also stated that there was intermittent numbness in the left foot. The injured worker mentioned that the Oxycodone prescribed during his last visit did not relieve pain, but made him feel "relaxed". He rated his pain 5 out of 10 on the day of the visit. It was noted that the injured worker denied medication side effects. He was still unable to work. The physical examination showed positive left straight leg raise test; moderate lumbar spasm; lumbar motion with pain; limited lumbar spine range of motion with pain; and myofascial trigger point noted across the previous lumbar incision. The injured worker is currently on a temporary total disability work status. The treating physician requested Oxycontin 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 any 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." Review of the available medical records reveals no documentation to support the medical necessity of oxycontin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 6/23/15, the injured worker mentioned that the Oxycodone prescribed during his last visit did not relieve pain, but made him feel "relaxed". Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records contained no evidence of UDS testing. It was noted that CURES report was reviewed and showed no evidence of doctor shopping. As MTUS recommends discontinuing opioids if there is no overall improvement in pain and function, medical necessity cannot be affirmed. The request is not medically necessary.