

Case Number:	CM15-0144148		
Date Assigned:	08/07/2015	Date of Injury:	01/11/2001
Decision Date:	09/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/24/2015

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 55 year old female, who sustained an industrial injury on 1-11-2001. The mechanism of injury is not described. The current diagnosis is back pain. According to the progress report dated 6-18-2015, the injured worker reports no pain; however, she does admit to feeling lower back pain after doing house work, which she rates 5 out of 10 on a subjective pain scale. The physical examination reveals lower lumbar pain bilaterally. The current medications are Oxycontin, Voltaren gel, Ibuprofen, and Lansoprazole. There is documentation of ongoing treatment with Oxycontin since at least 10-2-2014. Treatment to date has included medication management. Work status is described as working part-time since at least 12-29-2014. A request for Oxycontin has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg QTY: 180: 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.

Decision rationale: Based on the 6/18/15 progress report provided by the treating physician, this patient presents with no subjective pain today, but does admit to feeling back pain after doing housework, rated 5/10 on VAS scale. The treater has asked for Oxycontin 20 mg QTY 180 on 6/18/15. The patient's diagnosis per Request for Authorization form dated 6/18/15 is back pain. The patient states Oxycontin does relieve pain when taken, which is once every 4-5 hours per 6/18/15 report. The patient does not that she has increased pain after working on her feet for several hours as a waitress per 5/19/15 report. The patient has been taking more shifts at work, and still works with restrictions (no lifting over 20 pounds, no twisting/bending, and working 5-6 hours 4 days a week per 5/19/15 report. The patient's work status is part time employment per 6/18/15 report. MTUS Guidelines Criteria For Use of Opioids Section under Long-Term Users of Opioids, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Criteria For Use of Opioids Section under Therapeutic Trial of Opioids, Page 78: 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 for documentation of the clinical use of these controlled drugs. (Passik, 2000) MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. In this case, the treater has requested Oxycontin which patient has been taking since at least 3/26/15 report and is mentioned in reports dated 4/21/15 and 5/19/15. MTUS requires appropriate discussion of all the 4A's; however, other than a general statement that Oxycontin does relieve pain in 6/18/15 report, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES, and no opioid contract provided in the provided reports. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.