MAXIMUS Federal Services

Case Number:	CM15-0147087		
Date Assigned:	08/10/2015	Date of Injury:	03/14/2003
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/29/2015

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 42 year old male, who sustained an industrial injury on March 14, 2003 while working for a construction company. The mechanism of injury was a slip and fall in which the injured worker slid down a ramp. The injured worker experienced immediate pain in the lower back and right side of the waist. The diagnoses have included lumbar degenerative disc disease, bilateral lumbar radicular symptoms, lumbar intervertebral disc without myelopathy, lumbar spondylolisthesis, thoracic pain, failed back surgery syndrome, chronic pain syndrome and situational depression. Comorbid diagnoses included a history of diabetes. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, computed tomography scan, MRI, lumbar brace, functional restoration program, spinal cord stimulator, injections, psychological evaluation, cognitive behavior therapy, physical therapy, home exercise program and multiple lumbar spine surgeries. The injured workers work status was noted to be permanent and stationary. The injured worker was not working. Current medications included MS Contin, Norco, and Soma. The MS Contin has been prescribed for the injured worker for 3 years. The injured worker was noted to have previously failed Oxycontin. Current documentation dated July 2, 2015 notes that the injured worker reported mid and low back pain radiating down both legs, left greater that the right. Associated symptoms included weakness, numbness and tingling. The pain was rated a 6 out of 10 on the visual analogue scale with medications. The injured worker also noted fecal incontinence and difficulty with sleeping due to pain. Examination of the thoracic spine revealed tenderness and spasm of the paravertebral muscles on both sides. Lumbar spine examination revealed tenderness to palpation and spasm of the paravertebral muscles on both sides with

a restricted range of motion. A straight leg raise test was positive on the left side. Lumbar facet loading was positive bilaterally. The treating physician's plan of care included a request for Oxycontin 20 mg # 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg QTY: 45.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Immediate release, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for Use of Opioids Page(s): s 60, 61, 76-78, 88, and 89.

Decision rationale: The patient presents on 07/23/15 with lower back pain, which radiates into the bilateral lower extremities, rated 6/10 with medications, 9/10 without medications. The patient's date of injury is 03/14/03. Patient is status post lumbar fusion at L4, L5, and S1 levels in January 2005, and status post spinal cord stimulator placement in November 2012. The request is for Oxycontin 20mg QTY 45. The RFA was not provided. Physical examination dated 07/23/15 reveals restricted range of motion and tenderness to palpation of the lumbar spine with positive facet loading and straight leg raise test noted bilaterally. Sensation is also decreased along the L5 and S1 dermatomal distributions bilaterally. The patient is currently prescribed MS Contin, Norco, Pristiq, Soma, and Oxycontin. Patient's current work status is not provided. MTUS Guidelines Criteria for Use of Opioids (Long-Term Users of Opioids) Section, pages 88-89 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 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. In regard to Oxycontin for the management of this patient's chronic pain, the request is appropriate. Guidelines require documentation of analgesia via a validated scale attributed to medications, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. Per 07/23/15 progress note, this provider is initiating this medication owing to UR denials of this patient's other narcotic medications. Addressing efficacy, progress note 07/23/15 documents a reduction in pain from 9/10 to 6/10 attributed to medications, as well as several activity-specific functional improvements. Consistent toxicology reports were also provided for review, and the provider specifically states a lack of aberrant behavior. In this case, the MTUS documentation criteria have been satisfied. Per the documentation provided, this patient presents with chronic pain complaints secondary to significant surgical history in the lumbar spine. Given this patient's condition, and the adequate documentation of 4A's as required by MTUS, continuation of this is substantiated. The request is medically necessary.