

Case Number:	CM15-0161059		
Date Assigned:	08/27/2015	Date of Injury:	04/23/1996
Decision Date:	09/30/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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 48-year-old female, who sustained an industrial injury on April 23, 1996. She reported an injury to her low back. Treatment to date has included diagnostic imaging, physical therapy, work restrictions, chiropractic therapy, NSAIDS, lumbar transforaminal epidural steroid injection and physical therapy. Currently, the injured worker complains of low back pain, neck pain, right shoulder pain, left hip pain and right knee pain. She describes her low back pain as constant sharp, stabbing, shocking pain and rates the pain an 8 on a 10-point scale. Her low back pain is aggravated by walking, lifting bending and standing and is relieved with rest. She reports that due to the severity of pain she has been using eighteen tablets of Percocet each day. On physical examination, the injured worker has paraspinal tenderness and bilateral sacroiliac joint tenderness. She has a positive bilateral Patrick sign. The injured worker has decreased right knee range of motion and exhibits a normal gait. The diagnoses associated with the request include lumbar radiculopathy, lumbar spondylosis, knee and hip osteoarthritis and sacroilitis. The treatment plan includes lumbar facet injection, liver function test, continued physical therapy and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 OxyContin ER 30mg: Upheld

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

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: The patient presents on 07/28/15 with lower back pain rated 8/10, right knee pain rated 6/10, and constant migraine headaches. The patient's date of injury is 04/23/96. Patient has no documented surgical history directed at these complaints. The request is for 45 Oxycontin ER 30mg. The RFA is dated 07/28/15. Physical examination dated 07/28/15 reveals tenderness to palpation of the bilateral lumbar paraspinal muscles and SI joints, with positive Patrick's test noted. The patient is currently prescribed Percocet 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 and 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 4A's (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 the initiation of Oxycontin for the management of this patient's chronic pain, the treater has not provided adequate documentation of prior opioid efficacy. Progress note date 07/28/15 has the following regarding medication efficacy: "Pt is in severe pain and says that she has been using 18 tabs of Percocet a day." It appears that the provider is requesting 15 days of Oxycontin as an adjunct to this patient's current medication regimen. MTUS guidelines require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is evidence of prior medication consistency. However, the physician does not provide any current measures of analgesia via a validated scale, any activity-specific functional improvements attributed to medications, or a stated lack of aberrant behavior. Without appropriate documentation of analgesia attributed to medications and activity-specific functional improvements, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.