

Case Number:	CM15-0162667		
Date Assigned:	08/28/2015	Date of Injury:	10/08/2007
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/19/2015

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: Family Practice

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 51 year old male, who sustained an industrial injury on 10-8-2007. He reported low back pain due to falling off a ladder. Diagnoses have included status post posterior lumbar fusion L4 to S1 1-5-2009, intractable bilateral lower extremity radiculitis, possible loosening of hardware and status post removal of hardware and extension of fusion 1-17-2014. Treatment to date has included physical therapy, acupuncture, spinal fusion, lumbar facet block and medication. According to the progress report dated 7-9-2015, the injured worker complained of pain in the mid to low back into the buttocks. He also complained of pain in the posterior left thigh. He rated his pain as eight out of ten, reduced to four out of ten with medications. Physical exam revealed sensory deficits in the L5 and S1 distributions. Lumbar extension was limited with pain. Authorization was requested for Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90 + 1 post dated script: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Oxycontin. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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. There should be evidence of documentation of the '4 A's for Ongoing Monitoring". These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is sufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is sufficient documentation of the '4 A's for Ongoing Monitoring". Specifically, the medical entry on 7/9/2015 incorporates all of the required elements for the ongoing use of opioids. However, there is no rationale provided in the request for the addition of one post-dated prescription. Without an explanation for this request and despite documentation in support of ongoing use of Oxycontin 40mg # 90/month, the entire request cannot be certified. Since these two requests are linked together, the request for Oxycontin 40mg #90 and one post dated script is not medically necessary.