

Case Number:	CM15-0163956		
Date Assigned:	09/01/2015	Date of Injury:	10/29/2000
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/20/2015

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:

This 57 year old male sustained an industrial injury on 10-29-2000. He subsequently reported low back pain. Diagnoses include lumbar or lumbosacral disc degeneration and lumbar radiculopathy. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The injured worker has continued complaints of low back and left lower extremity pain. Upon examination, tenderness and tightness was noted across the lumbosacral area. Muscle spasms were noted with palpation. Lumbar range of motion was reduced. Straight leg raises were positive bilaterally. A request for 1 prescription of Oxycontin 20mg #120 and 1 prescription of Dilaudid 8mg #120 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: The current request is for 1 prescription of Oxycontin 20mg #120. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The patient is currently working part-time. MTUS, MEDICATIONS FOR CHRONIC PAIN Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." Per report 07/29/15, the patient present with low back and left lower extremity pain. Upon examination there was tenderness and tightness noted across the lumbosacral area. Muscle spasms were noted with palpation. Lumbar range of motion was reduced and straight leg raise was positive bilaterally. The patient's medications include Trazodone and Flexeril. The patient reports with medications the pain is 4/10 and without the pain increases to 8/10. The patient reports that he has a flare-up and stated he stayed in bed all day. There is no discussion regarding Oxycontin and Dilaudid. Review of the medical file indicates that the patient has taken Oxycontin and Dilaudid in the past. There is a Pain Assessment report from 08/10/01 that states the patient is prescribed Percocet, Dilaudid and OxyContin. The UR letter indicates that the patient was weaned off these medications and the last certification review was from 04/04/14. It appears the treater is attempting to re-initiate Oxycontin and Dilaudid. In this case, recommendation for initiating a new opioid cannot be supported as there is no functional and baseline pain assessment. It appears that Flexeril and Trazodone was reducing the patient's pain by average 4 points. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities." Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

1 prescription of Dilaudid 8mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: The current request is for 1 prescription of Dilaudid 8mg #120. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The patient is currently working part-time. MTUS, MEDICATIONS FOR CHRONIC PAIN Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." Per report 07/29/15, the patient present with low back and left lower

extremity pain. Upon examination there was tenderness and tightness noted across the lumbosacral area. Muscle spasms were noted with palpation. Lumbar range of motion was reduced and straight leg raise was positive bilaterally. The patient's medications include Trazodone and Flexeril. The patient reports with medications the pain is 4/10 and without the pain increases to 8/10. The patient reports that he has a flare-up and stated he stayed in bed all day. There is no discussion regarding Oxycontin and Dilaudid. Review of the medical file indicates that the patient has taken Oxycontin and Dilaudid in the past. There is a Pain Assessment report from 08/10/01 that states the patient is prescribed Percocet, Dilaudid and OxyContin. The UR letter indicates that the patient was weaned off these medications and the last certification review was from 04/04/14. It appears the treater is attempting to re-initiate Oxycontin and Dilaudid. In this case, recommendation for initiating a new opioid cannot be supported as there is no functional and baseline pain assessment. It appears that Flexeril and Trazodone was reducing the patient's pain by average 4 points. MTUS states that functional assessments should be made. Function should include social, physical, psychological, daily and work activities. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.