

Case Number:	CM15-0165322		
Date Assigned:	09/02/2015	Date of Injury:	08/26/2010
Decision Date:	10/06/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina

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 63 year old male who sustained an industrial injury on 8-26-10. His initial complaints and the nature of the injury are unavailable for review. The 7-23-15 PR-2 indicates that the injured worker has diagnoses of cord myelopathy, moderate disc herniation at C3-4, C4-5, and C5-6 with severe canal stenosis and moderate right, mild left neuroforaminal narrowing, moderate spinal stenosis C5-6 and C6-7, severe spinal stenosis C4-5 and C3-4, status post left knee arthroscopy, left knee degenerative arthritis, degenerative disc disease lumbar spine, lumbar spine disc protrusion L3-4, L4-5, and L5-S1, and complaints of sleep difficulty and depression. His complaints were noted to be "ongoing pain in his neck with radiation to the upper extremities". He also complained of continued pain, locking, and "giving way" of the left knee, and ongoing low back pain. He reported that he takes Norco and OxyContin for pain, which is effective. He indicated that his knee brace does not fit correctly. The treatment plan states that the injured worker is scheduled to undergo an anterior discectomy and fusion at C3-4, C4-5, and C5-6 in September. Authorization was noted for viscosupplementation for the left knee. However, it was unclear if all three injections were authorized. The pain management provider was not available until 8-5-15. He was encouraged to schedule an appointment upon the provider's return. The report indicates that a urine drug screen taken on the 7-23-15 shows inconsistency with the medications prescribed. The report states that he "tested positive for Norco, but negative for OxyContin". This was addressed with the injured worker and another prescription was given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg, take 1 PO Q 4-6hrs PRN pain #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: 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 nonadherent) 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) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) 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 does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function.

Therefore all criteria for the ongoing use of opioids have not been met and the request is not certified, therefore is not medically necessary.