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| Case Number: | CM15-0181647 | | |
| Date Assigned: | 09/22/2015 | Date of Injury: | 03/26/2001 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 08/25/2015 |
| Priority: | Standard | Application Received: | 09/15/2015 |

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, Hawaii
 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 56 year old male who sustained an industrial injury on 3-26-2001. A review of medical records indicates the injured worker is being treated for chronic neck pain status post fusion with radiculopathy, chronic low back pain status post fusion with radiculopathy, and chronic bilateral shoulder pain status post arthroscopies. Medical records dated 8-17-2015 noted OxyContin and Norco were effective in bringing down pain from a 10 out 10 to a 7-8 out 10. He is able to tolerate activities of daily living. Pain is located in the neck and low back. Pain per medical records dated 6-22-2015 recorded pain as the same. Physical examination noted 8-17-2015 noted moderate tenderness over the cervical paraspinals and bilateral upper trapezius muscles. There was limited range of motion to the cervical spine. There was severe tenderness to the lumbar spine with limited range of motion to the lumbar spine. Seated straight leg raise test was positive bilaterally. Evaluations included MRI of the cervical spine dated 7-30-2012 and MRI of the lumbar spine dated 7-30-2012. Treatment has included medications (OxyContin since at least 3-2-2015). Utilization review included OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 50mg TID #60: Overturned

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): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for Oxycontin 50mg TID #60. The treating physician report dated 9/30/15 (4C) states, "He reports that the combination of OxyContin and Norco are effective in reducing his daily neck and low back pain. The medications help bring his pain down from a 10/10 to a 7- 8/10". With medications he is able to tolerate his daily activities of living, spend time with family, and have a decent quality of life." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking OxyContin since at least 3/2/15 (138B). The report dated 9/30/15 (4C) notes that the patient's pain has decreased from 10/10 to 7-8/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation. The patient's ability to perform ADL's have improved and he can spend more time with his family. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of OxyContin has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.