

Case Number:	CM15-0181841		
Date Assigned:	09/23/2015	Date of Injury:	11/26/2000
Decision Date:	10/27/2015	UR Denial Date:	08/11/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58-year-old male who sustained an industrial injury on 11-26-2000. According to a progress report dated 05-11-2015, active problems included herniated intervertebral disc, history of neurogenic bladder, intervertebral disc degeneration, neurogenic bladder and postlaminectomy syndrome (lumbar). The injured worker had genitourinary symptoms and self-catheterized three times weekly. Musculoskeletal pain was rated 8 on a scale of 1-10 "no prescription this am". He reported that breakthrough medications did not come last month. Sensory disturbances were noted as stable. He continued to have a neurogenic bladder. Legs were constantly tingling and numb. Activities of daily living were not discussed in this report. Current medications included Diazepam 10 mg four times a day, OxyContin 80 mg extended release 12 hour twice a day # 30 with no refills, Rizatriptan Benzoate 10 mg and Roxicodone 15 mg three times a day. Diagnoses included postlaminectomy syndrome lumbar. The provider noted that no physical examination was performed during this visit and that the injured worker was in "moderate" discomfort. The injured worker was to continue current medications and 30 Norco was dispensed. According to a progress report dated 08-03-2015, the injured worker had chronic back pain, lumbar radiculopathy, a neurogenic bladder and had 2 failed surgeries. Medications were "holding him okay". He had "some pain at a time". Musculoskeletal symptom pain was noted as controlled except occasionally at night. Activities of daily living were not discussed in this report. Current medications included Diazepam 10 mg four times a day, OxyContin 80 mg extended release 12 hour twice a day, Rizatriptan Benzoate 10 mg and Roxicodone 15 mg twice a day. Surgeries included 2 lower back surgeries x 2. The provider noted that the physical exam was unchanged from previous exams. Assessment included neurogenic bladder, postlaminectomy syndrome lumbar and chronic pain. The

treatment plan included OxyContin 80 mg twice a day #30 with 2 refills (given 3 months of prescriptions) and Roxicodone 15 mg twice a day #30 with 2 refills (given 3 months of prescriptions). Documentation submitted for review dated back to 02-09-2015 and showed use of OxyContin 80 mg twice a day at that time. Urine drug screen reports were not submitted for review. On 08-11-2015, Utilization Review modified the request for OxyContin 80 mg CR #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg CR #60: 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): Opioids, criteria for use, Opioids, dosing.

Decision rationale: Oxycontin 80mg CR #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no objective urine toxicology screen. The documentation reveals that the patient has been on long-term high dose opioids without significant functional improvement therefore the request for Oxycontin is not medically necessary.