

Case Number:	CM15-0188117		
Date Assigned:	09/30/2015	Date of Injury:	05/19/1999
Decision Date:	11/13/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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:

The injured worker is a 72 year old male who sustained an industrial injury on 05-19-1999. According to the most recent progress report submitted for review and dated 07-07-2015, the injured worker continued with low back pain that radiated to both his legs. Pain was located in the lumbar sacral spine. Pain was rated 6 on a scale of 1-10 with medication. He ambulated with a cane. He was not able to garden but was able to "slowly" accomplish all his other activities of daily living. He was able to cook, do laundry, shop, bathe, dress, manage medication and drive. Physical examination demonstrated the presence of a scar on the spine, tenderness at the lumbar spine and facet joint, crepitus, decreased flexion, decreased extension, decreased lateral bending and decreased rotation. Diagnoses include lumbago, low back pain, radiculitis lumbar thoracic, osteoarthritis lower leg, disc degeneration lumbar sacral and postlaminectomy syndrome lumbar. Prescriptions included OxyContin 40 mg extended release 2 tablets by mouth every 8 hours 30 days 1 refill for a total of 180 and Oxy IR 5 mg 2-3 capsules by mouth every 4-5 hours as needed (not to exceed 12 per day) 30 days 1 refill for a total of 360. Refills were given for 2 months. Work status was noted as permanently disabled. It is unclear how long the injured worker had been taking Oxycodone and OxyContin ER. Records submitted for review dated back to 08-11- 2010 and showed use of Oxycodone and OxyContin at that time. There was no discussion of an opioid agreement. Urine drug screens were not discussed or submitted for review. On 09-23- 2015, Utilization Review modified the request for Oxycodone 5 mg tablets #360 and Oxycontin ER 40 mg tablets #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg tablets #360: 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, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities. The request is for Oxycodone 5MG tablets #360. Physical examination to the lumbar spine on 07/07/15 revealed tenderness to palpation to the facet joints. Range of motion was noted to be limited with pain. Per 02/26/15 progress report, patient's diagnosis include lumbago, low back pain; radiculitis, lumbar, thoracic; osteoarthritis, lower leg; disc degeneration lumb/sac; myofascial pain syndrome/fibromyalgia; morbid obesity; postlaminect synd-lumbar; cervical pain/cervicalgia. Patient's medications, per 05/11/15 progress report include Oxycontin and OxyIR. Patient is permanently disabled. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater has not specifically discussed this request; no RFA was provided either. The utilization review letter dated 09/23/15 has modified the request to #130, recommending tapering. Review of the medical records provided indicate that the patient has been utilizing Oxycodone since at least 08/11/10. However, there are no discussions in regards to this medication's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. There are no UDS test results and no CURES reports; there are no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. This request is not in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.

Oxycontin ER 40mg tablets #180: 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, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities. The request is for oxycontin ER 40mg tablets #180. Physical examination to the lumbar spine on 07/07/15 revealed tenderness to palpation to the facet joints. Range of motion was noted to be limited with pain. Per 02/26/15 progress report, patient's diagnosis include lumbago, low back pain; radiculitis, lumbar, thoracic; osteoarthritis, lower leg; disc degeneration lumb/sac; myofascial pain syndrome/fibromyalgia; morbid obesity; postlaminect synd-lumbar; cervical pain/cervicalgia. Patient's medications, per 05/11/15 progress report include Oxycontin and OxyIR. Patient is permanently disabled. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not specifically discuss this request; no RFA was provided either. The utilization review letter dated 09/23/15 had modified the request to #60. The progress reports from 08/11/10 through 07/07/15 all list Oxycontin but does not adequately discuss it's impact on the patient's pain and function. No before and after pain scales are used for analgesia although there is a statement that there is significant pain reduction. No ADL's are discussed showing specific functional improvement. There are no UDS reports; no adverse effect and other measures of aberrant behavior are discussed either. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.