

Case Number:	CM15-0188988		
Date Assigned:	09/30/2015	Date of Injury:	07/07/1998
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This injured worker is a 68 year old male who reported an industrial injury on 7-7-1998. His diagnoses, and or impressions, were noted to include: lumbar spondylosis, post-lumbar laminectomy syndrome; and lumbar degenerative disc disease. No current imaging studies were noted. His treatments were noted to include medication management and rest from work. The progress notes of 8-31-2015 reported: lower backache, rated 5 out of 10 with medications and 9 out of 10 without; no new problems; fair-poor quality of sleep; that his activity level had increased and remained the same; and that his medications had become less effective. The objective findings were noted to include: obesity; fatigue and mild-moderate pain distress; slow gait with the use of a walker due to a hard time moving around since 8 different surgeries for hip infection (non-industrial); that his pain was well controlled with pain medications, from 10 out of 10 to 5 out of 10, and could not otherwise take a shower; loss of normal lumbar lordosis with straightening of the lumbar spine, with restricted range-of-motion limited by pain; positive bilateral lumbar facet loading; decreased bilateral ankle and patellar jerks; motor examination limited by pain with decreased bilateral "EHL" motor strength; and decreased-patchy sensation over the lateral and medial foot, medial and posterior calf and bilateral thighs. The physician's requests for treatment were noted to include the continuation of: Senokot for constipation secondary to medication regimen, with 1 twice daily, #60 with 1 refill; Oxycontin 30 mg twice a day for long-acting pain control, with 1 twice daily, #60 with 1 refill; and to increase Oxycodone 15 mg twice a day, to three times a day as needed for breakthrough pain, #90 with 1 refill, given worsening low back pain. The Request for Authorization, dated 8-31-2015, was noted to include: Oxycodone Hcl 15 mg, 1 three x a day, #90 with 1 refill; Oxycontin 30 mg, 1 tablet twice daily, #60 with 1 refill; and Senokot-S 8.5 mg, 2 twice daily as needed, #120 with 3 refills. The

Utilization Review of 9-2-2015 modified the request for: Oxycodone Hcl 15 mg, 1 three x a day, #90 with 1 refill to #75 with 1 refill; and Senokot-S 8.6 mg, 2 twice a day as needed, #120 with 3 refills to #60 with 3 refills; and denied the request for Oxycontin 30 mg, 1 twice x a day, #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15 mg #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: Oxycodone HCL 15 mg #90 with 1 refill 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 documentation submitted does not reveal the above pain assessment. The documentation indicates that despite long-term opioids the patient continues to have fair-poor quality of sleep. The documentation is not clear that there is objective increase in function as the progress report indicates that "his activity level had increased and remained the same" and that his medications had become less effective. The documentation does not support evidence of efficacy of this opioid medication therefore the request for continued Oxycodone is not medically necessary.

Oxycontin 30 mg #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: Oxycontin 30 mg #60 with 1 refill 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 documentation submitted does not reveal the above pain assessment. The documentation indicates that despite long term opioids the patient continues to have fair-poor quality of sleep. The documentation is not clear that there is objective increase in function as the progress report indicates that "his activity level had increased and remained the same" and that his medications

had become less effective. The documentation does not support evidence of efficacy of this opioid medication therefore the request for continued OxyContin use is not medically necessary.

Senokot 8.6-50 mg #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Senokot 8.6-50 mg #120 with 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The prophylactic treatment of constipation should be initiated when placed on opioids per the MTUS. The documentation indicates the opioids are not medically necessary; therefore, Senokot is not medically necessary.