

Case Number:	CM15-0199991		
Date Assigned:	10/14/2015	Date of Injury:	03/18/2009
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 49-year-old female, with a reported date of injury of 03-18-2009. The diagnoses include lumbar failed back surgery, unspecified neuralgia, neuralgia, and radiculitis, and other acquired deformity of the ankle and foot. Treatments and evaluation to date have included caudal epidural steroid injection on 08-17-2015, OxyContin (since at least 03-2015), Valium, and Norco. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-24-2015 indicates that the injured worker continued to have severe pain in the low back and neck. She reported that the caudal epidural injection was ineffective. It was noted that she got about 80% relief; however, it only lasted for about one day. It was also noted that the injured worker had numbness and pain down the left lower extremity. She continued with pain medications and denied any side effects. It was reported that the injured worker got approximately 30-40% pain relief with the medications. The physical examination showed straight leg raise on the right was normal at 90 degrees; straight leg raise test on the left positive at 60 degrees; an antalgic gait; anterior lumbar flexion caused pain; grossly intact lower extremity sensation, except for left leg hypoesthesia at L5 and S1 dermatomes; decreased deep tendon reflexes at L5 and S1; limited active and passive range of motion of the left foot on dorsiflexion and eversion; moderate swelling of the left foot; increased tenderness in the left hip and low back region; and bruising in the buttock region. The injured worker's status was noted as permanent and stationary. The treating physician indicates that since the injured worker has started the long-acting OxyContin, they were able to decrease the short-acting Norco. The progress report dated 06-25-2015 indicates that the injured worker underwent electrodiagnostic

studies which showed bilateral S1 radiculopathy. It was noted that the CURES report was reviewed and there was "no sign of doctor shopping". There was no documentation of the injured worker's pain rating in either report. The treating physician requested OxyContin 20mg #90. On 09-14-2015, Utilization Review (UR) non-certified the request for OxyContin 20mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: 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.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any 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." Review of the available medical records reveals no documentation to support the medical necessity of OxyContin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that CURES report was appropriate. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.