

Case Number:	CM15-0024132		
Date Assigned:	02/13/2015	Date of Injury:	10/13/2004
Decision Date:	04/02/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/09/2015

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

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 64-year-old female, who sustained an industrial injury on October 13, 2004. The injured worker had reported pain in the spine, headaches and bilateral wrist and knee pain. The diagnoses have included lumbago, thoracic/lumbosacral neuritis or radiculitis not otherwise specified, cervical spondylosis without myelopathy and cervicgia. Treatment to date has included medication management, MRI, computed tomography scan, lumbar discogram, lumbar support brace, electromyography/nerve conduction velocity study and two cervical epidural steroid injections. The injured worker was noted to be status post lumbar interbody fusion in 2012, a right carpal tunnel release in 2013 and a right carpal tunnel decompression in 2013. Current documentation dated January 13, 2015 notes that the injured worker had worsening back pain which was affecting her sleep pattern. The pain level was rated a six out of ten on the Visual Analogue Scale. She also reported bilateral wrist pain, right more than the left. Physical examination of the lumbar spine revealed a painful and decreased range of motion. Straight leg raise was positive for severe low back pain and sharp low back pain which radiates into the leg. Left femoral stretch test was positive. The injured worker was noted to be wearing a lumbar support brace. On January 17, 2015, Utilization Review modified a request for Oxycontin CR 30 mg # 60. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of Oxycontin CR 30 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin CR 30MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Chronic pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 64-year-old patient presents with severe left carpal tunnel syndrome and flexor tenosynovitis, along with back pain, as per progress report dated 01/16/15. The request for OXYCONTIN CR 30 mg # 60. The RFA for this case is dated 02/11/15, and the patient's date of injury is 10/13/04. The patient is status post revision right carpal tunnel decompression and flexor tenosynovectomy of the right hand on 11/24/13. In progress report dated 01/13/15, the patient complains of low back pain, rated at 6/10, that leads to sleep disturbances. The patient is status post L4-S1 anterior lumbar interbody fusion in 2012. Diagnoses included lumbago, thoracic or lumbosacral neuritis or radiculitis, cervical spondylosis, and cervicgia. The patient is off work, as per progress report dated 01/16/15. MTUS Guidelines 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 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. In this case, a prescription for Oxycontin is first noted in progress report dated 01/29/14, and the patient has been taking the medication consistently at least since then. In progress report dated 01/13/15. The treater states that, the patient demonstrates increased activity and functionality due to opiate therapy. There have been no issues of misuse or diversion of the medication. The side effects are minimal and controllable. In the same report, the treater states that the improvement in function is based on her Oswestry and of 12 questionnaires. The report also noted that UDS and CURES reports are current and consistent with optimal opioid use. The treater, however, does not document a specific change in pain scale. The patient is not working and none of the reports note a measurable improvement in function. MTUS requires specific discussion regarding 4As, including analgesia, ADLs, aberrant behavior, and adverse side effects, for continued Oxycontin use. Hence, the request IS NOT medically necessary.