

Case Number:	CM15-0029742		
Date Assigned:	02/23/2015	Date of Injury:	07/06/1990
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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, Hawaii
 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 53 year old female, who sustained an industrial injury on July 6, 1990. She has reported lower back pain and leg pain. The diagnoses have included lumbar spinal stenosis, thoracic/lumbar spine degenerative disc disease, and thoracic or lumbar neuritis or radiculitis. Treatment to date has included medications, bracing, lumbar spinal fusion, and use of a walker and cane. A progress note dated January 6, 2015 indicates a chief complaint of continued but improved back pain and left leg numbness. Physical examination showed improved transfer ability. The treating physician is requesting a prescription for Oxycontin 30 mg x 270. On February 3, 2015 Utilization Review partially certified the request for a prescription for Oxycontin with an adjustment in quantity to 60 citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with lower back pain and leg pain and is status 6 months post lumbar fusion. The current request is for MS Contin 30mg #270. The treating physician states, in a report dated 01/06/15 "The patient is doing better. She is walking with a cane, not using a walker much at this point. She is continuing to use narcotic analgesics, 90 mg of MS Contin three times a day and MSIR 15 mg up to five a day for breakthrough pain." The MTUS guidelines state: For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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, the MTUS requirements for documentation of the 4 A's has not been submitted. There are no before and after pain scales with opioid usage. There is no documentation of the positive effects of opioid usage on activities of daily living and the treating physician fails to discuss aberrant behaviors, CURES, or UDS. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the recommendation is for denial.