

Case Number:	CM15-0217173		
Date Assigned:	11/06/2015	Date of Injury:	05/05/2010
Decision Date:	12/24/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/04/2015

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 was a 58 year old male, who sustained an industrial injury, May 6, 2010. The injured worker was undergoing treatment for chronic pain syndrome, low back pain, left shoulder pain, post laminectomy syndrome, fasciitis, spinal enthesopathy and lumbar facet arthropathy. According to progress note of September 17, 2015, the injured worker's chief complaint was left shoulder and lower back pain. The pain was always present and was described as dull ache, which at times can be sharp and stabbing. The injured worker rated the pain 8 out of 10 with pain medication and 9 out of 10 without pain medications. The physical exam of the cervical, thoracic and lumbar spine had decreased range of motion in all planes. There was cervical paraspinal tenderness and facet tenderness at C5-T1. The motor exam was declined by the injured worker due to pain. The deep tendon reflexes were within normal limits. The injured worker previously received the following treatments current medications were Gabapentin, Ketoprofen, Norco and topical ointments, failed therapy were physical therapy, nonsteroidal anti-inflammatory medications, TENS (transcutaneous electrical nerve stimulator) unit and medications trails for 6 months or greater without benefit. Attempts at weaning continue to be problematic. The UR (utilization review board) denied certification on October 9, 2015, for a prescription for Oxycodone 20mg by mouth two times daily #60 and #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg BID Qty 60/30: 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: Based on the 9/17/15 progress report provided by the treating physician, this patient presents with continuous, constant left shoulder pain and low back pain rated 8/10 with medications and 9/10 without medications. The treater has asked for Oxycontin 20mg BID Qty 60/30 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The pain is described as a dull ache, but at times can be sharp/shooting per 9/17/15 report. The patient denies any new pain, new neurosensory symptoms, or any recent falls per 8/20/15 report. The patient is currently using Ketoprofen, Norco, Gabapentin, Oxycontin, and unspecified transdermal compound creams per 8/20/15 report. The patient was not working as of 6/11/15 QME report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states that "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, page 77, 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 discuss this request in the reports provided. The patient was taking Percocet and Norco as of 1/21/15 according to 2/23/15 report. The patient was still on Norco as of 3/26/15 report, but added Oxycontin as of 5/20/15 report. The patient is taking both Norco and Oxycontin per subsequent reports dated 8/20/15 and 9/17/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A urine drug screen on 7/21/15 was inconsistent (negative for prescribed Gabapentin, negative for Hydromorphone, and negative for Oxycodone), but no CURES and no opioid contract were provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.