

Case Number:	CM15-0222212		
Date Assigned:	11/17/2015	Date of Injury:	02/12/1982
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/12/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 78 year old female with an industrial injury date of 02-12-1982. Medical record review indicated she was being treated for post laminectomy syndrome. The progress note (10-26-2015) noted the injured worker presented for recheck on her back and bilateral sciatica to the ankles. She stated her pain was becoming unbearable and rated it as 10 out of 10. Other complaints included chronic opioid constipation. Current medications (10-26-2015) included Percocet (at least since 01-09-2015) and Oxycontin (at least since 04-14-2015). Prior treatment included lumbar epidural steroid injections and medications. Objective findings (10-26-2015) included weight loss. She was ambulatory with a cane. She relied "heavily" on the cane for walking and required it to arise from a chair. She moved slowly on and off the exam table. Deep tendon reflexes are documented as unchanged "faint at the ankles and right knee." On 11-02-2015, the utilization review issued the following decision for the requested treatments: Percocet 10/325 mg #60 - modified to a one-week supply of Percocet # 13 tablets. Oxycontin 15 mg TID (three times a day) #90 - modified to a one-week supply of Oxycontin # 19 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 15 mg TID #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 for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 page 79, 80 and 88 of 127. This claimant had a post laminectomy syndrome. As of October 2015, there reportedly was sciatica to the ankles. There is chronic constipation from the opiate usage. The previous utilization review request was modified to a lesser amount of the opiate medicine for weaning. Objective, functional improvement out of the opiate regimen is not noted. In regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Percocet 10/325mg #60: 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 for chronic pain.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 page 79, 80 and 88 of 127. As shared previously, this claimant was injured and has a post laminectomy syndrome. As of October, there reportedly was sciatica to the ankles. There is chronic constipation from the opiate usage. The previous utilization review request was modified to a lesser amount for weaning. Objective, functional improvement out of the opiate regimen is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. The request for the opiate usage is not medically necessary per MTUS guideline review.