

Case Number:	CM15-0223396		
Date Assigned:	11/19/2015	Date of Injury:	12/16/2010
Decision Date:	12/31/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 60 year old male, who sustained an industrial injury on 12-16-2010. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date has included diagnostics, lumbar spinal surgery 2013, and medications. On 10-29-2015 (PR2 handwritten and difficult to decipher), the injured worker complains of low back pain, rated 8 out of 10 (pain not rated 7-14-2015), with radiation to the bilateral lower extremities, with burning, weakness, numbness and tingling. Function with activities of daily living was not described. Exam noted decreased deep tendon reflexes in the knees, tenderness in the low back, and bilateral lower extremity weakness. The use of Mobic and Oxycontin was noted since at least 10-2014. Urine toxicology (4-2015) was inconsistent with prescribed medications due to non-compliance, consistent in 5-2015. Work status was permanent and stationary. Past medical history included hypertension and atrial fibrillation. A Request for Authorization dated 10-29-2015 was noted for Oxycontin 60mg #90 (1 tab three times daily) and Meloxicam 15mg #30 (1 tab daily). On 11-04-2015 Utilization Review non-certified a request for Meloxicam 15mg #30 and Oxycontin 60mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 15mg 1 Tab Qd #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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 61 states that Mobic is a non-steroidal anti-inflammatory indicated for relief of the signs and symptoms of osteoarthritis. In this case the exam notes from 10/9/15 do not demonstrate any evidence of significant osteoarthritis or functional improvement to warrant use of Mobic. Therefore the prescription is not medically necessary and the determination is for non-certification.

Oxycontin 60mg 1 Tab 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, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain/Opioids for chronic pain states: According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms. ODG criteria (Pain/Opioids criteria for use) for continuing use of opioids include: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. CA MTUS/Chronic Pain Medical Treatment Guidelines, page 92 states that oxycontin tablets are not intended for use as a prn/as needed analgesic. It is indicated for management of moderate to severe pain, where around the clock analgesic for

extended period of time is needed. There is insufficient evidence from the records of 10/9/15 that there is anticipated moderate to severe pain, which will require the degree of analgesic effect provided by Oxycontin. Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity. Therefore the prescription is not medically necessary and the determination is for non-certification.