MAXIMUS Federal Services

Case Number:	CM15-0033451		
Date Assigned:	02/26/2015	Date of Injury:	04/16/1998
Decision Date:	04/13/2015	UR Denial Date:	02/07/2015
Priority:	Standard	Application Received:	02/23/2015

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 59-year-old female who sustained an industrial injury on 04/16/1998. Diagnoses include lumbar stenosis, degenerative disc disease of the lumbar spine, and status post lumbar laminectomy. Treatment to date has included medications, and physical therapy. A physician progress note dated 01/22/2015 documents the injured worker is improved and is feeling much better. Her neck and shoulder pain had returned last month and is tolerable. She continues with her narcotic medication on a daily basis for pain control. On examination the range of motion of her lumbar and cervical spine are pretty much normal. Treatment requested is for Oxycontin 20mg #100. On 02/07/2015 Utilization Review non-certified, the request for Oxycontin 20mg, #100 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with neck and shoulder pain. The patient is status post left laminectomy and microdiscectomy from 08/17/2014. The treater is requesting Oxycontin 20 mg quantity 100. The RFA from 01/22/2014 shows a request for Oxycontin 20 mg. The patient's date of injury is from 04/16/1998 and she is currently retired. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The patient was prescribed Oxycontin on 10/30/2014. The 01/22/2015 report notes that the patient has "improved and is feeling much better." She still takes narcotic medication on a daily basis for pain control. None of the reports provide before and after pain scales to show analgesia. There are no discussions about specific activities of daily living. No side effects were reported and no urine and drug screen or CURES reports were provided to show medication adherence. Given the lack of sufficient documentation showing medication efficacy, the patient should now be slowly weaned as outlined in the MTUS guidelines. The request is not medically necessary.