

Case Number:	CM15-0034252		
Date Assigned:	02/27/2015	Date of Injury:	09/08/1987
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
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 67-year-old male, who sustained an industrial injury on 9/8/87. On 2/23/15, the injured worker submitted an application for IMR for review of Oxycontin 20 mg tablet extended release-take one tablet twice a day for thirty days quantity 60 tablet, refill 0. The treating provider has reported the injured worker complained of low back pain radiating to the left lower extremities as intermittent with pain at night. The diagnoses have included chronic pain syndrome; degenerative joint disease shoulder region; postlaminectomy syndrome lumbar region. Treatment to date has included status post joint replacement (2/20/14); knee surgery (no date or joint specific); shoulder surgery (no date or joint specific). On 2/9/15, Utilization Review modified Oxycontin 20 mg tablet extended release-take one tablet twice a day for thirty days quantity 60 tablet, refill 0 to #30 for weaning. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg tablet extended release-take one tablet twice a day for thirty days quantity 60 tablet, refill 0: Upheld

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

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

Decision rationale: The patient presents with unrated lower back pain, which radiates into the left lower extremity. The patient's date of injury is 09/08/87. Patient is status post lumbar laminectomy at unspecified levels and date. Progress notes provided indicate that this patient has undergone 3 back surgeries in total, in 1992, 1998, and 2003 - though do not specify exact procedures and dates. The request is for Oxycontin 20mg tablet extended release take one tablet twice a day for thirty days quantity 60 tablets refill 0. The RFA was not provided. Physical examination dated 01/08/15 reveals tenderness to the lumbar paraspinal levels at L4 level and in the illiolumbar region bilaterally. The patient is currently prescribed Celecoxib, Desmopressin, Finasteride, Norco, Oxycontin, Polyethylene glycol, Ramipril, and Tamsulosin. Diagnostic imaging was not included. Patient's current employment status is not provided. 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 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. In regards to the request for Oxycontin, the treater has not provided adequate documentation to continue its use. This patient has been prescribed Oxycontin since at least 08/07/14. The subsequent progress notes do not provide documentation of analgesia, functional improvement, or provide discussion of aberrant behaviors. No consistent urine drug screens are included with the reports, and there is no discussion of intent to perform weaning, either. Given a lack of 4A's documentation as required by MTUS, continuation of this medication cannot be substantiated. Therefore, the request is not medically necessary.