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| Case Number: | CM15-0034562 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 03/01/1998 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/25/2015 |

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 47 year old male who sustained an industrial injury on March 1, 1998. He has reported lower back pain and has been diagnosed with lumbago, degenerative lumbar/lumbosacral intervertebral disc, and post laminectomy syndrome lumbar region. Treatment has included surgery, medications, epidural steroid injections, and medical imaging. Currently the injured worker complains of low back pain that radiates into the right more than the left leg. The back pain was noted as constant and sharp. The treatment request included Opana ER 40 mg # 150 and Oxycodone 30 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 40mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opana, Criteria for Use of Opioids, Weaning of Medications.

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

Decision rationale: 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 records show that the patient was prescribed Opana prior to 07/03/2014. In the same report, the patient states that his pain level without medication is 10/10 and 3 to 5/10 with medication. He uses Opana ER and Oxycodone for pain relief. He does not report any side effects from his current medications. The patient states that he is able to socialize, attend church, complete simple activities of daily living and interact with his family with medication use. The physician states that there are no abusive behaviors present. However, the urine drug screen 07/03/2014 show inconsistent results. In this case, the physician has documented the 4 As, but has not provided discussion regarding the inconsistent urine drug screen. The lack of documentation to support that the patient is utilizing the prescribed medication as instructed is not supported by MTUS. The request is not medically necessary.

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Opioids Criteria for Use.

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

Decision rationale: 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 records show that the patient was prescribed Oxycodone prior to 07/03/2014. In the same report, the patient states that his pain level without medication is 10/10 and 3 to 5/10 with medication. He uses Opana ER and oxycodone for pain relief. He does not report any side effects from his current medications. The patient states that he is able to socialize, attend church, complete simple activities of daily living and interact with his family with medication use. The physician states that there are no abusive behaviors present. However, the urine drug screen 07/03/2014 show inconsistent results. In this case, the physician has documented the 4 As, but has not provided discussion regarding the inconsistent urine drug screen. The lack of documentation to support that the patient is utilizing the prescribed medication as instructed is not supported by MTUS. The request is not medically necessary.

