

Case Number:	CM15-0035896		
Date Assigned:	03/04/2015	Date of Injury:	12/06/1996
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
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 51 year old male, who sustained an industrial injury on December 6, 1996. The injured worker had sustained an injury to the neck, back, right ankle and left knee. The diagnoses have included status post cervical fusion, post cervical laminectomy syndrome and chronic postoperative pain. Treatment to date has included medications, radiological studies, physical therapy, massage therapy, a knee brace, psychotherapy, diagnostic facet block, cervical radiofrequency ablations and five cervical spine surgeries. Current documentation dated December 10, 2014 notes that the injured worker complained of increasing right-sided neck pain and stiffness and low back pain and stiffness. Physical examination of the cervical spine revealed a decreased range of motion when looking to the right and a negative Spurling's sign. Lumbar spine examination revealed tenderness on the right and flattening of the normal lordosis. The injured worker was noted to have an antalgic gait. The injured worker reported that the pain interfered with activities of daily living and his sleep pattern. On February 18, 2015, Utilization Review modified a request for two prescriptions of Oxycontin IR 5 mg # 120. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 2 prescriptions of Oxycodone instant release 5 mg #120 (DNFB 3/12/15): Upheld

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

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

Decision rationale: For chronic opiate use, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4 As, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. This patient has been utilizing Oxycodone since at least 2/13/14. Progress report dated 1/21/15 states that pain is well controlled with medications. Progress report dated 2/10/15 noted that the patient is on doses that exceed the limits at TPM. The patient at one point was taking 11 Oxycontin per day and 10 Oxycodone per day with total of 270mg per day. The patient's pain was rated as 8/10 on this date. The patient reported that medication has not been helping as much as he would like. Narcotic agreement was signed on 10/31/13. Urine drug screens are consistent with the medications prescribed. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request is not medically necessary.