

Case Number:	CM15-0035914		
Date Assigned:	03/04/2015	Date of Injury:	06/03/2003
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
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, Hawaii
 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 33 year old male, who sustained an industrial injury on 6/3/2003. He reports back pain while up righting an overturned motorcycle. Diagnoses include low back pain, status post lumbar laminectomy, post laminectomy syndrome and chronic pain syndrome. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 1/22/2015 indicates the injured worker reported low back pain and left lower extremity pain and spasms. On 1/29/2015, Utilization Review modified the request for Oxycodone 15 mg #90 to #30 and MS Contin 15 mg #60 to #7, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with pain affecting the low back and bilateral lower extremity. The current request is for Oxycodone 15mg #90. The treating physicians report dated 2/2/15 (170B) states, "ADL (Activities of Daily Living): improve with medication." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Oxycodone since at least 3/24/14. The report dated 2/2/15 notes that the patient's pain has decreased from 7/10 to 2/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation which is being treated with the prescription of Doc-Q-Lace. The patient's last urine drug screen was consistent. The continued use of Oxycodone has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. Furthermore, the patient is experiencing over a 50% reduction in pain from the use of this medication. Recommendation is for authorization.

MS Contin 15mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient presents with pain affecting the low back and bilateral lower extremity. The current request is for MS Contin 15mg #60. The treating physicians report dated 2/2/15 (170B) states, "ADL (Activities of Daily Living): improve with medication." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking MS Contin since at least 3/24/14. The report dated 2/2/15 notes that the patient's pain has decreased from 7/10 to 2/10 while on current medication. No adverse effects or adverse behavior were noted by patient except for constipation which is being treated with the prescription of Doc-Q-Lace. The patient's last urine drug screen was consistent. The continued use of MS Contin has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional

improvement has been documented. Furthermore, the patient is experiencing over a 50% reduction in pain from the use of this medication. Recommendation is for authorization.