

Case Number:	CM15-0037770		
Date Assigned:	03/06/2015	Date of Injury:	01/31/2003
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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 40-year-old female, who sustained an industrial injury on 1/31/2003. The diagnoses have included post-lumbar laminectomy syndrome, low back pain, fibromyalgia and myositis, spasm of muscle, urinary incontinence and mood disorder. Treatment to date has included medications, physical therapy, pool therapy and psychological treatment for depression and anxiety. She is status post L4-5 discectomy in January 2005, L3-S1 fusion in October 2008 and implantation of a spinal cord stimulator on 8/18/2011. Currently, the IW complains of lower back pain rated as 9/10 while on medications. She reports not sleeping due to pain. Objective findings included very restricted lumbar spine range of motion due to pain/guarding. There is allodynia of the bilateral lumbar paravertebral muscles as well as spinal process tenderness. On 2/18/2015, Utilization Review non-certified a request for oxycontin CR 40mg #90 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ACOEM were cited. On 2/27/2015, the injured worker submitted an application for IMR for review of oxycontin CR 40mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tablet 40 mg controlled release take 1 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 48, 115, Chronic Pain Treatment Guidelines Opioids for pain, Official Disability Guidelines (ODG) pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the 11/25/14 report, the patient presents with increased pain rated 8/10 with medications and 10/10 without s/p lumbar surgery 2005 & 2008, and s/p SCS implant 08/18/11. Her diagnoses include Post lumbar laminectomy syndrome. She is not currently a candidate for SCS or implantable pump. The current request is for OXYCONTIN TABLET 40 mg CONTROLLED RELEASE TAKE 1, 3 TIMES A DAY- an opioid. The RFA is not included. The 02/18/15 utilization review references RFA's dated 02/09/15, 12/06/14 and 08/07/14. The reports do not state if the patient is currently working. 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 4As (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. The reports provided for review show that the patient has been prescribed an opioid, Dilaudid, since before 08/19/14. The most recent report provided shows that as of 11/2/14 she is prescribed MsContin and Dilaudid. The treater does not discuss this request in the reports provided. The 09/23/14 report states the patient failed a trial of Oxycontin due to bad thoughts. The date of this request is unclear. It appears the treating physician may be trialing different opioid medications. Regarding analgesia, the treating physician states on 11/25/14 that pain medications reduce the patient's pain from 10/10 to 8/10. It is further stated that the patient feels that current medications provide some relief but it is inadequate. However, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. The reports state that opioids are prescribed based on observed functional status; however, other than ambulation by wheelchair, no objective functional information is provided and no specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not fully addressed. Side effects are discussed, but no UDS's are documented or provided for review. Analgesia, ADL's and opiate management issues have not been documented as required by the MTUS guidelines. Furthermore, the reports provided for review do not clearly discuss use of the currently requested medication. The request IS NOT medically necessary.