

Case Number:	CM15-0042343		
Date Assigned:	03/11/2015	Date of Injury:	08/24/2000
Decision Date:	04/23/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/04/2015

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 62 year old male who sustained a work related injury August 24, 2000. According to a treating physician's office visit dated February 17, 2015, the injured worker presented to pick up medication for now and next month, as he is going on a trip to visit his sister in Florida. He does complain about not getting his medications authorized. The physician documents there are no drug addiction behaviors, no aberrant behaviors, or adverse side effects from medication. The pain medication allows him to perform chores on a 40 acre homestead including; cutting firewood, pruning trees, and assisting son with solar installations part time. Diagnoses included cervical spondylolysis, degeneration of lumbar or lumbosacral intervertebral disc, and muscle weakness. Treatment plan included refilling medications (amitriptyline 50 mg once a day; oxycodone 20mg as needed; OxyContin ER 60mg as needed and Valium 5mg as needed), for two months with no changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #30: 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 pain and weakness in his lower back and lower extremity. The request is for Oxycontin 60mg #30. Per 02/17/15 progress report, "the patient has no drug addiction behavior, no aberrant behavior or adverse side effects from his medications. The pain medication allows him to work, do chores on 40 acre homestead including cut firewood, prune fruit trees, help his son with solar installations part time. He has been drug tested. He has not increased medications but rather decreased from previous 80mg Oxycontin to 60mg Oxycontin daily and 100mg of Oxycodone daily to 40mg daily with occasional extra 20mg some mornings." The patient is currently taking Amitriptyline, Oxycodone, Oxycontin and Valium. Pain scale is 4/10. Regarding chronic opiate use, MTUS guidelines page 78 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 this case, the treater documents ADL's, adverse side effect and adverse behavior. Specific ADL's are mentioned to show functional improvement. The patient is working. There is urine drug screen monitoring. However, the patient does not present with a clear diagnosis for which chronic opiate use would be supported. For chronic low back pain, MTUS states, "Appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear, but also appears limited." The patient's diagnosis is spondylosis, or degeneration of the C-spine and L-spine. There is no documentation of nociceptive pain, or on-going tissue destruction. No neuropathy condition is documented for which opiates may be an option for long-term use. The request is not medically necessary.