

Case Number:	CM15-0043485		
Date Assigned:	03/13/2015	Date of Injury:	07/22/1996
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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 60 year old male who sustained a work related injury on July 22, 1996, incurring back injuries. Treatment included surgery, physical therapy, and multiple medications. He was diagnosed with chronic cervical and lumbosacral pain with underlying degenerative joint disease and degenerative disc disease and chronic lumbar radiculopathy. Treatment included long-term opioids use. Currently, the injured worker complained of constant neck and low back pain with bilateral leg numbness and pain. The current plan that was requested for authorization included a prescription of Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Long-term users of Opioids (6 months or more); Opioids, dosing; Opioids, criteria for use; When to Discontinue Opioids; Weaning of Medications.

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 neck and low back pain, rated 3-4/10. The request is for OXYCONTIN 80 MG QUANTITY 180. Per 01/08/15 progress report, patient's diagnosis include chronic cervical pain with underlying degenerative joint/disc disease significant contributed, chronic low back pain with lumbosacral degenerative joint/disc disease is contributing, and bilateral leg numbness and pain - secondary to chronic lumbar radiculopathy. Patient's medications, per 11/25/14 progress report, include Oxycontin and Valium. Per 12/11/14 progress report, patient is to remain off-work until 03/01/15. 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." Treater does not discuss this request. UR letter, dated 03/03/15 has modified the requested # 180 to # 135 tablets. In this case, treater has not appropriately addressed the 4A's as required by MTUS. Per 12/22/14 progress report, treater states that the patient takes 2 by mouth 3 times per day and has been very stable on this dosing for a very long period of time. However, treater has not stated how Oxycontin significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No USD's, CURES or opioid pain contract were provided. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.