

Case Number:	CM15-0051086		
Date Assigned:	03/24/2015	Date of Injury:	01/05/2008
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/17/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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, with a reported date of injury of 01/05/2008. The diagnoses include low back pain, lumbar herniated disc, left sacroilitis, left lumbar radiculitis, myofascial pain syndrome, and depression due to chronic pain. Treatments to date have included left L4-5 and L5-S1 transforaminal epidural steroid injection on 03/18/2014, trial of spinal cord stimulator, oral medication, an MRI of the lumbar spine, and electrodiagnostic studies of the lower extremities, with no evidence of radiculopathy of peripheral neuropathy. The progress report dated 01/23/2015 indicates that the injured worker reported that the spinal cord stimulator was working so well that he did not have to use Oxycontin anymore. The spinal cord stimulator relieved at least 60% of his pain. The injured worker complained of pain and discomfort of the low back and left leg. The physical examination showed a moderate antalgic gait; difficulty with left toe walking and left heel walking; moderate tenderness to palpation of the L4-5 spinous process; tenderness to palpation of the left posterior superior iliac spine and left sacroiliac joint; mild tenderness to palpation of the left greater trochanter and sciatic notch; moderate stiffness to palpation of the left lumbar paraspinous muscles; minimal stiffness to palpation right lumbar paraspinous muscles; and limited and painful range of motion of the lumbar spine. The treating physician requested Oxycontin with two refills. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg 1 tab TID #9 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, most of this review was completed and documented at the time of this request, however, there was insufficient reporting of specific and measurable levels of pain and functional abilities (again, measurable) with and without the use of OxyContin use. Regardless, since the worker had a spinal cord stimulator placed, he reported 60% or more pain reduction and mentioned that he "was not having to use Oxycontin anymore," which suggests that a refill of this medication does not seem to be required. Therefore, considering these factors, the request for Oxycontin 10 mg will be considered not medically necessary.

Random UDS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, AND Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from

opioids. In the case of this worker, there was a report of the worker not having to use Oxycontin anymore due to the addition of the spinal cord stimulator. Also, there was no evidence of any need to get a urine drug screen as there was no documentation of abnormal behavior or previous abnormal tests to suggest this was required. Therefore, considering the factors above, the request for random UDS will be considered not medically necessary.