

Case Number:	CM15-0082304		
Date Assigned:	05/04/2015	Date of Injury:	05/28/1998
Decision Date:	06/03/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 49-year-old male, who sustained an industrial injury on 2/28/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar degenerative disc disease and sacroiliac joint dysfunction. Treatment to date has included diagnostics, physical therapy, spinal surgery, and medications. Currently, the injured worker complains of pain in his right leg, buttock, groin, low back, and right shoulder. Brief Pain Severity score was 4. Pain was rated 4 at least, 7 at worst, and 6 on average. His radicular pain was noted as usually on the left but was lately to the right, and can shift back and forth. Spinal cord stimulator was reprogrammed (had been off for months, as the injured worker felt it contributed to pain). His dose of opioid medications was documented to remain constant and stress and depression were noted. Medication use included Oxycontin (use for greater than 6 months), Hydromorphone, Baclofen, Valium (self-pay), Lidoderm patches, Wellbutrin XL, Duexis, Thermacare, and Rozerem. He was able to do stretching daily, fish at a nearby park 4-5 times per week, and walk in 10-minute increments for 30 minutes daily. The treatment plan included continued medications at current dose x2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg quantity 90 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycontin is indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. 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. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors).

The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is justification for the use of 2 opioids at the same time. There is no documentation of functional and pain improvement with previous use of Oxycontin. There is no documentation of continuous compliance of patient to his medications. Therefore, the prescription of Oxycontin 40mg quantity 90 with two refills is not medically necessary.