

Case Number:	CM15-0239383		
Date Assigned:	12/16/2015	Date of Injury:	09/26/2001
Decision Date:	01/27/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/08/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 61 year old male injured worker suffered an industrial injury on 9-26-2001. The diagnoses included lumbar post laminectomy syndrome, bilateral sacroiliac joint syndrome, bilateral sciatica with piriformis syndrome and lumbar degenerative disc disease. On 11-16-2015 the treating provider reported back and bilateral leg pain. The pain was rated 5 out of 10, at worst 10 out of 10 and with medications 2 out of 10. The pain varied in intensity. On exam the lumbar spine and sacroiliac joint tenderness. There were lumbar spasms to the mid and low back. The Oswestry score was 56. Medications in use were Morphine 30 mg 3 x daily as needed, Oxycontin 80 mg 2 tablets every 8 hours, and Oxycontin 20 mg every 12 hours, Soma, Tizanidine and Lidoderm. Diagnostics included urine drug screen 6-1-2015. The documentation provided did include evidence of a comprehensive pain evaluation with pain levels with and without medications, Oswestry score 56 with treatment and no aberrant risk assessment except for urine screen 6-1-2015. Request for Authorization date was 11-16-2015. The Utilization Review on 11-23-2015 determined modification for Oxycontin 80mg #180 to #90 and Physical therapy 12 sessions for myofascial release and core strengthening to #6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Oral morphine.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER), California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Guidelines also state they recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Guidelines also state the lowest possible dose should be prescribed to improve pain and function. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, what is not clear is if the lowest possible dose is being given as recommend by guidelines and the patient is clearly above the 120 mg morphine equivalents. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Oxycontin 80mg #180 is not medically necessary.

Physical therapy 12 sessions for myofascial release and core strengthening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Regarding the request for Physical therapy 12 sessions for myofascial release and core strengthening, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions, no

indication of any specific objective treatment goals, and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Physical therapy 12 sessions for myofascial release and core strengthening is not medically necessary.