

Case Number:	CM15-0240565		
Date Assigned:	12/17/2015	Date of Injury:	05/29/2002
Decision Date:	01/22/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/09/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 61 year old male, who sustained an industrial injury on 5-29-2002. The injured worker was being treated for opioid dependence and status post anterior and posterior lumbar spinal fusion at L5-S1 (lumbar 5-sacral 1) with chronic back pain and muscle spasms, basically failed laminectomy syndrome with intractable back pain. The injured worker (8-12-2015, 9-9-2015, 10-7-2015 and 11-4-2015) reported ongoing back pain radiating to the right hip and leg. The medical records (8-12-2015, 9-9-2015, and 10-7-2015) show the injured worker reports his pain as 8 out of 10 on this day, 4 out of 10 at best during the week with medications, and 10 out of 10 without medications. He (8-12-2015, 9-9-2015, and 10-7-2015) did not report the average pain, how long it takes for pain relief, and how long pain relief lasts. He reports that his current medication decreases his pain by 50% and he has functional improvement with activities of daily living, but was otherwise non-specific about what improvement in function. The medical records (11-4-2015) did not included documentation of the current pain, least reported pain over the period since last assessment, average pain, how long it takes for pain relief, and how long pain relief lasts. However, the injured worker (11-4-2015) reports that his current medication decreases his pain by 50% and he has functional improvement with activities of daily living, but was otherwise non-specific about what improvement in function. He reports inability to function at a lower dose of pain medication when he has tried weaning to a lower dose. The physical exam (8-12-2015, 9-9-2015, 10-7-2015 and 11-4-2015) reveals palpable back spasm, decreased range of motion, decreased sensation in the right lower extremity, and weakness in the right thigh flexion and knee extension. The treating physician (10-7-2014 and

11-4-2015) noted the injured worker was under a narcotic contract with the office and a risk assessment was taken and it was determined to be appropriate for him to continue the opioids. The treating physician (8-12-2015 and 9-9-2015) noted the injured worker was under a narcotic contract with the office and urine drug screens have been appropriate. There was no urine drug screen that confirmed compliance with Norco included in the provided medical records. However, the treating physician (11-4-2015) notes urine drug screens have been appropriate. Treatment has included a transcutaneous electrical nerve stimulation (TENS) unit and medications including short-acting opioid (Oxycodone since at least 2-2015) and long-acting opioid (Oxycontin since at least 2-2015). The requested treatments included Oxycodone 30mg and Oxycontin 60mg CR. On 11-18-2015, the original utilization review modified requests for Oxycodone 30mg and Oxycontin 60mg CR.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month supply of Oxycodone tablets 30mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. This has been documented in the clinical records, and it appears that this medication has given functional gain to the patient. According to the clinical documentation provided and current MTUS guidelines, Oxycodone, as written above, is medically necessary to the patient at this time.

1 month supply of Oxycontin tablets 60mg CR: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions

from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. This has been documented in the clinical records, and it appears that this medication has given functional gain to the patient. According to the clinical documentation provided and current MTUS guidelines, Oxycontin, as written above, is medically necessary to the patient at this time.