

Case Number:	CM14-0120627		
Date Assigned:	08/06/2014	Date of Injury:	10/03/2012
Decision Date:	10/20/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34-year-old male who sustained an injury on 10/3/12. As per the report of 7/7/14, he complained of bilateral low back pain, right worse than left, radiating to right lateral thigh, right calf and foot with numbness and paresthesias. Prolonged sitting/standing, lifting, twisting, driving, activities and lying down exacerbate the pain; laying supine and medications eases the pain. Exam revealed tenderness on palpation of lumbar paraspinal muscles and right sacroiliac joint, restricted lumbar ROM, and positive lumbar discogenic provocative maneuvers bilaterally. There were positive Gaenslen's, Patrick's maneuver, and pressure at the sacral sulcus on right. There was reduced sensation in right L5 and S1 dermatome. Heel, toe and tandem walking were abnormal with reduced balance. Past surgeries include lumbar discectomy and laminectomy on 11/28/12 and he also had a right sacroiliac joint injection. Past treatments include physical therapy, medications, multiple medical and surgical evaluations and extensive periods of time off of work; he is TTD. Spinal cord stimulator was denied earlier. Current medications include Percocet and OxyContin. Prior medications included Norco and Ibuprofen. Oxycodone reduces pain by 50%, OxyContin by 60% and both provide improvement of his ADL. He had UDS on 3/7/14 which was consistent. Previous requests for OxyContin and Oxycodone had been modified to lower number of units for weaning purposes. Diagnosis: lumbar sprain/strain, lumbar radiculopathy, lumbar facet joint arthropathy. The request for Oxycontin 30mg #90, Oxycodone 10/325mg #120, was denied on 7/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91-92, 97.

Decision rationale: As per CA MTUS guidelines, OxyContin is a controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are need of continuous treatment. Guidelines indicate that "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 nonadherent) 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 medical records indicate that the IW has chronic low back pain. There is documentation of good pain relief and improved function with OxyContin use. There is also documentation of urine drug test consistent with prescribed medications. The medical documents do support continuation of opioid pain management. Therefore, the medical necessity for Oxycontin30mg # 90 is established based on guidelines.

Oxycodone 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91-92, 97.

Decision rationale: According to CA MTUS guidelines, Percocet (Oxycodone & Acetaminophen) is a short- acting Opioid that is recommended for breakthrough pain in chronic pain management under certain criteria. Guidelines indicate "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. The medical records indicate that the IW has chronic low back pain. There is documentation of good pain relief and improved function with Oxycodone use. There is also documentation of urine drug test consistent with prescribed medications. The medical documents do support continuation of opioid pain management. Therefore, the medical necessity for Percocet 10/325mg #120 is established based on guidelines.