

Case Number:	CM14-0146631		
Date Assigned:	09/12/2014	Date of Injury:	06/05/2005
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/09/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58 year old with an injury date on 6/5/05. Patient complains of lumbar pain rated 10/10 without opiates, and 0/10 at times with opiates, and radiating bilateral anterior leg pain rated 8/10 at its worst per 8/12/14 report. Patient has been using opiates intermittently since 2005 and constantly in the past 3 years, and has had physical/chiropractic therapy with some benefit but no surgeries and no injections. Based on the 8/12/14 progress report provided by [REDACTED] the diagnoses are: 1. degenerative lumbar scoliosis with lateral listhesis at L3-L42. Long term opiate use Exam on 8/12/14 showed "lumbar flexion 90 degrees, extension and straight leg raise on the left at 30 degrees caused pain. Straight leg raise on the right at 30 degrees is pain free. Extension rotation bilaterally caused pain." [REDACTED] is requesting 12 sessions of work hardening 3 days per week for 4 weeks qty: 12 and Oxycodone 50mg tablets Qty: 90. The utilization review determination being challenged is dated 8/19/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/7/14 to 9/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Work Hardening 3 days per week for 4 weeks Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines, Work Conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: This patient presents with back pain and radiating bilateral leg pain. The treater has asked for 12 sessions of work hardening 3 days per week for 4 weeks qty: 12 on 8/12/14. Regarding Work Hardening, California Medical Treatment Utilization Schedule (MTUS) recommends if patient's musculoskeletal condition precludes ability to achieve job demands (not sedentary work), if patient has not plateaued after trial of physical/occupational therapy, is not a candidate for surgery, if physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week, a defined return to work goal agreed to by the employer & employee, is no more than 2 years past date of injury, if Work Hardening Programs is to be completed in 4 weeks consecutively or less, and patient has not completed prior work hardening program. In this case, the treater appears to be asking for work hardening to extend therapy. There is no discussion regarding a job that the patient is able to return to, no discussion regarding the patient's ability to tolerate 4 hours of participation a day, etc. According to the criteria listed in California (MTUS) guidelines, the requested work hardening sessions are not indicated for patient's condition at this time. Treatment is not medically necessary and appropriate.

Oxycodone 50mg tablets Qty: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with back pain and radiating bilateral leg pain. The treater has asked for Oxycodone 50mg tablets Qty: 90 on 8/12/14. Patient has been taking Oxycodone since 2/3/14 report. Patient is currently working per 8/12/14 report. For chronic opioids use, California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include Oxycodone, but there is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation regarding chronic opiates management as required by California (MTUS), the requested treatment is not medically necessary and appropriate.

