

Case Number:	CM14-0168683		
Date Assigned:	10/16/2014	Date of Injury:	01/02/1996
Decision Date:	11/18/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/13/2014

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 65-year-old female with an injury date of 01/02/1996. Based on the 09/09/2014 progress report, the patient complains of lower back pain which is located in the lumbar sacral spine area. Her pain is increased with extension of the back at the waist and she has tenderness with both her lumbar and cervical spine. She also has tenderness at the facet joint, has decreased flexion, decreased extension, decreased lateral bending. With medications, she rates her pain as a 7/10. The patient also has fatigue and hypertension as well as constipation and sweating. The treating physician describes the patient's mood as being depressed and anxious. The 07/30/2014 report also indicates that the patient has myalgia, muscle weakness, stiffness, and joint complaint. The patient's diagnoses include the following: 1. Lumbago, lower back pain. 2. Disk degeneration, limb/back. 3. Radiculitis, lumbar, thoracic. The utilization review determination being challenged is dated 09/25/2014. Treatment reports were provided from 04/08/2014 - 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXY IR 5mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 76-78.

Decision rationale: Based on the 09/09/2014 progress report, the patient complains of having lower back pain which is located in the lumbar sacral spine area. The request is for OxyIR 15 mg #180. The patient has been taking OxyIR as early as 04/08/2014. The patient's 09/11/2014 urine drug screen shows that the patient is compliant with her medications. The 06/25/2014 report states, "Her current med schedule is reducing her pain enough to where she can function. She is tolerating them well and denies any side effects or impairment. The patient does not show any signs of aberrant behavior." The 07/30/2014 states, "Meds working well. She is able to stand up straighter." The 09/09/2014 report states, "She functions with her pain medication and does not know how she will get along without them. The patient does not display any aberrant behavior. She denies any known side effects or impairment with her medications and is always on time, never early. She always complies with the rules that are made to the pain agreement. MTUS Guidelines page 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, 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, while the treating physician provides general statements about how the medications are helpful, there are no significant ADL's changes to demonstrate medication efficacy. No numeric scales are used, and no urine toxicology is provided as well as other chronic opiate management issues such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. Providing general statements are inadequate documentation when managing chronic opiates. This request is not medically necessary.

Oxycontin 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 76-78.

Decision rationale: Based on the 09/09/2014 progress report, the patient complains of having lower back pain which is located in the lumbar sacral spine area. The request is for OxyContin 60 mg #90. The patient has been taking OxyContin as early as 04/08/2014. The patient 09/11/2014 urine drug screen shows that the patient is compliant with her medications. The 06/25/2014 report states, "Her current med schedule is reducing her pain enough to where she can function. She is tolerating them well and denies any side effects or impairment. The patient does not show any signs of aberrant behavior." The 07/30/2014 states, "Meds working well. She is able to stand up straighter." The 09/09/2014 report states, "She functions with her pain medication and does not know how she will get along without them. The patient does not display any aberrant behavior. She denies any known side effects or impairment with her medications and is always on time, never early. She always complies with the rules that are

made to the pain agreement. MTUS Guidelines page 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, 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 treating physician fails to mention any specific changes in ADLs the patient may have had. Due to lack of documentation, this request is not medically necessary.

PT 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, Low Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

Decision rationale: According to the 09/09/2014 progress report, the patient complains of having lower back pain which is located in her lumbar sacral spine area. The request is for physical therapy 2 times 6. The number of prior physical therapy sessions the patient has had is unknown. There is no documentation of how the patient has done with her previous physical therapy sessions nor are there any records of when these physical therapy sessions took place. MTUS Guidelines pages 98 and 99 state the following: for myalgia and myositis, 9 to 10 visits over 8 weeks are allowed and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed. In this case, the patient has had several sessions of physical therapy before with no indication of how many. Twelve sessions of physical therapy in addition to what she already had exceeds what is allowed by MTUS. This request is not medically necessary.