

Case Number:	CM14-0184904		
Date Assigned:	11/12/2014	Date of Injury:	07/14/1988
Decision Date:	12/19/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/06/2014

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 64 years old female with an injury date on 07/04/1988. Based on the 09/25/2014 progress report provided by the treating physician, the diagnoses are: 1. Post laminectomy syndrome lumbar; 2. Chronic medication management. According to this report, the patient "continues to have pain, but injection from [REDACTED]. have helped my [me] a lot. I can endure a little longer activities of daily living, still cannot sit long due to pain." The 07/16/2014 report indicates "patient lay on exam table on side because too much pain sitting for long periods appears alert though upset concerning injections." The 06/13/2014 report indicates patient "still cannot sit for longer period of time." Physical exam findings were not included in the reports for review. There were no other significant findings noted on this report. The utilization review denied the request on 10/22/2014. The requesting provider provided treatment reports from 01/07/2014 to 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycodone IR 30 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 09/25/2014 report, this patient presents with "continues to have pain" at the lumbar spine. The treating physician is requesting 1 prescription of Oxycodone IR 30mg. Oxycodone was first mentioned in the 01/21/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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. Review of reports show patient has "too much pain sitting" and "still cannot sit for longer period of time." No specific ADL's are discussed to show significant improvement. Other than these, there are no documentations of pain assessment; no numerical scale is used describing the patient's function. No return to work or opiate monitoring is discussed such as urine toxicology and CURES. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, recommendation is that the request is not medically necessary.

One prescription of Senna Lax 8.6 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines under Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: According to the 09/25/2014 report, this patient presents with "continues to have pain" at the lumbar spine. The treating physician is requesting 1 prescription of Senna Lax 8.6mg. Regarding constipation medication, MTUS recommends as a prophylactic treatment when initiating opioid therapy. In this case, treating physician is requesting constipation medication in anticipation of side effects to opioid therapy which is reasonable and within MTUS guidelines. Recommendation is that the request is medically necessary.