

Case Number:	CM13-0036772		
Date Assigned:	02/12/2014	Date of Injury:	02/28/1986
Decision Date:	04/06/2015	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/22/2013

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female patient, who sustained an industrial injury on 02/28/1986. A primary treating office visit dated 12/12/2013 reported the patient with subjective complaint of increased lumbar spine pain; affected by weather. She is noted with difficulty sleeping and relies on the medications for comfort. Objective findings showed the lumbar spine with decreased mobility. There is tenderness to palpation in the lumbar paravertebral musculature with paraspinal spasm and tightness. She is diagnosed with lumbar spine strain/sprain with herniated nucleus pulposus, and status post spinal fusion. The patient is deemed permanently partially disabled; revisit in two months. On 10/09/2013, Utilization Review non-certified the request, noting the MTUS Chronic Pain, Opioids was cited. The injured worker submitted an application for independent medical review of request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET: 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): 76-78, 88-89.

Decision rationale: The patient presents with pain in her lumbar spine. The request is for PERCOCET. The request for authorization was not provided. Patient is status-post spinal fusion, date unspecified. Patient has difficulty sleeping due to the pain and relies on medications for symptomatic relief. Patient continues with chiropractic treatments. The patient is permanently partially disabled. 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 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. Per progress report dated 09/12/13, treater's reason for the request is the patient "relies on medications for pain and symptomatic relief." The patient has been prescribed Percocet since at least 05/16/13. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Percocet significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Percocet. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There was no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

OXYCONTIN: 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): 76-78, 88-89.

Decision rationale: The patient presents with pain in her lumbar spine. The request is for OXYCONTIN. The request for authorization was not provided. Patient is status-post spinal fusion, date unspecified. Patient has difficulty sleeping due to the pain and relies on medications for symptomatic relief. Patient continues with chiropractic treatments. The patient is permanently partially disabled. 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 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. Per progress report dated 09/12/13, treater's reason for the request is the patient "relies on medications for pain and symptomatic relief." The patient has been prescribed OxyContin since at least 05/16/13. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how OxyContin significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing

significant pain reduction with use of OxyContin. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There was no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.