

Case Number:	CM14-0215718		
Date Assigned:	01/05/2015	Date of Injury:	01/21/1998
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 patient is a 47 year old male with an injury date of 01/21/98. Based on the 10/21/14 progress report, the patient complains of low back pain and bilateral leg pain. There is more pain in the left leg with weakness than the right side. The low back pain is at 4-9/10 with medications being irrationally titrates down by the carrier. Left sided leg pain is at 4-8/10 but has fasciculation of the muscles in the right leg and buttocks. The right sided pain is at 3/10. The patient has burning sensation and sleep interruption every -1 hour by pain. There is muscle triggers upper gluteal bilaterally with twitch response and radiation. Straight leg raise test is positive on left sitting and stating at 50%. There is bilateral mid thoracic muscular spasm with triggers which twitch and radiate. The current medications are Oxycontin, Lyrica, Senokot, Metamucil, and Testosterone. The diagnoses are: 1.S/P lumbar fusion. 2.Chronic pain. 3. Reactive dysphoria-much improved. 4.Right knee pain s/p surgical intervention. 5.SMP6. Left SI joint dysfunction with piriformis spasticity. 7.Left sided radiculopathy L5The treating physician is requesting one prescription of Oxycontin 40mg #90 per 10/21/14 report. The utilization review determination being challenged is dated 12/17/14. The requesting physician provided treatment reports from 02/06/14-10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #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): 76-78, 88-89.

Decision rationale: This patient presents with low back pain and bilateral leg pain. The request is for Oxycontin 40mg #90. The request was certified by utilization review letter dated 12/17/14 with modification to Oxycontin 40mg #12. For chronic opiate use, the MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. The documentation of 4 As (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. The records show that the patient has been taking Oxycontin as early as 02/06/2014. In this case, the treater does not address the four A's including analgesia with the use of before and after pain scales; specific ADL's to show significant functional improvement; adverse effects and aberrant drug behavior monitoring such as urine toxicology, CURES, etc. No outcome measures were provided either as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.