

Case Number:	CM14-0216939		
Date Assigned:	01/06/2015	Date of Injury:	10/02/2002
Decision Date:	03/04/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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 59 year old male with an injury date of 10/02/02. As per progress report dated 11/14/14, the patient complains of chronic low back pain. The patient also suffers from depression, secondary to pain, as per the same report. The low back pain is rated at 4/10 in progress report dated 09/15/14. Lumbar flexion is limited to 25 degrees and extension to 10 degrees, as per progress report dated 03/17/14. The patient is status post left L4-5 medial branch rhizotomy, as per operative report dated 09/29/11. The patient is participating in home exercises to lose weight, as per progress report dated 11/14/14. He is taking Oxycontin for pain relief, as per the same report. MRI of the Lumbar Spine, 02/14/14: L4-5 posterior osteophyte ridging, bilateral foraminal narrowing. Diagnoses, 10/06/14: Chronic low back pain. Lumbar degenerative disc disease. Lumbar degenerative joint disease. The utilization review determination being challenged is dated 12/05/14. Treatment reports were provided from 09/29/11 - 01/07/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #120: 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 complains of chronic low back pain, as per progress report dated 11/14/14. The request is for 1 PRESCRIPTION OF OXYCONTIN 80 mg # 120. The low back pain is rated at 4/10 in progress report dated 09/15/14. 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. In this case, a prescription for Oxycontin is first noted in progress report dated 03/31/14. In progress report dated 05/19/14, the treater states that the patient has been receiving the medication for 6 years. In progress report dated 06/09/14, the patient rates pain at 8-9/10 without medications. The treater states that medications and holistic interventions reduce the pain to 3/10. Oxycontin, however, appears to be the only medication the patient is taking as per this report. The treater also states that with medications and holistic care, the patient is able to walk four city blocks, stand for 10-15 minutes and assist in taking care of his wife. Otherwise, he is not able to stand for few minutes and cannot walk more than household distances. The treater also states that on average, he obtains about 8-10 hours of pain relief with 1 tablet. In progress report dated 11/14/14, the treater states that UDS and CURES reports are consistent. It would appear that the treater has provided adequate documentation of analgesia, some ADL's, as well as opiate monitoring. However, review of over 2 years of reports only show degeneration of the spine condition as the only source of the patient's chronic pain. Degeneration of the spine is something that occurs to everyone with age. There is no specific diagnosis of neuropathy, or nociceptive pain with mechanical etiology for which chronic opiate use may be indicated. For arthritic pain, long-term opiate use is not supported per MTUS. Furthermore, the patient is on a rather high dose of Oxycontin and MTUS does not support more than 120 mg of Morphine, except in rare cases. This patient does not present with a diagnosis that would typically require such high dose of opiates. It is not known why the patient is given 4 tablets of Oxycontin per day, when one pill provides up to 8 hours of relief either. The patient should be tapered off of opiates as recommended by UR. The request IS NOT medically necessary.