

Case Number:	CM14-0217632		
Date Assigned:	01/07/2015	Date of Injury:	01/11/2011
Decision Date:	03/05/2015	UR Denial Date:	12/16/2014
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 injured worker is a 69 year old male with a date of injury as 01/11/2001. The cause of the injury was not included in the documentation received. The current diagnoses include left L5 and S1 radiculopathy with lower extremity weakness, right L5-S1 radiculopathy with right lower extremity weakness, central disc extrusion at L5-S1 with bilateral lateral recess stenosis, moderate to severe bilateral L5-S1 neural foraminal stenosis, lumbar sprain/strain, central disc bulging at C3-C6, and Non-Hodgkin's lymphoma. Previous treatments include oral medications. Comprehensive medical-legal evaluation report dated 12/23/2014 was included in the documentation submitted for review. The report notes that the injured worker presented with complaints that included bilateral low back pain and bilateral buttock pain. It was further noted that the injured worker had requested that the physician write a medical legal report appealing the denial of the medications. Current medication regimen consisted of Trazadone, Oxycontin, Percocet, Valium, Soma, ranitidine, Celexa, and Metoprolol. Physical examination revealed restricted lumbar range of motion, lumbar discogenic provocative maneuvers were positive, positive left straight leg raise, and decreased strength in the bilateral tibialis anterior, extensor hallucis longus, peroneals, posterior tibial and gastrocnemius/soleus. The physician noted that the injured worker has attempted weaning in the past but was unsuccessful. The physician stated that without the medications the injured worker would suffer functional decline, resulting in hospitalization. The injured worker is permanent & stationary. The utilization review performed on 12/16/2014 non-certified a prescription for Oxycodone and Oxycontin based on no evidence

of objective functional gains. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg #120 x 2: 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 bilateral low back pain and bilateral buttock pain. The request is for Oxycodone 10/325mg #120x2. The only progress report provided is dated 12/23/14 which is after the utilization review letter dated 12/16/14. Review of the report does not show when the patient started to take this medication. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. On the 12/23/14 report, the treater states the Oxycodone provides 50% decrease of the patient's pain with 50% improvement of the patient's activities of daily living such as self-care and dressing. The patient is on an up-to-date pain contract and the patient's previous UDS was consistent. The medications have no adverse effects on the patient. The patient shows no aberrant behavior with these medications. The patient continues to experience benefit from these medications. Attempts to wean/taper in the past have been unsuccessful. Without these medications, the patient would suffer functional decline, resulting in hospitalization. In this case, the treater provides only general statements regarding the patient's function. MTUS require documentation of specific ADL's showing significant improvement. Just stating that the patient is 50% better with pain, self-care and ADL's are inadequate measures to show significant improvement. In what specific way is self-care improved; in house-work, recreational, social, and for exercises, for example, are the medications helping the patient? The treater does not use validated instrument to show functional improvement and no outcome measures are provided either as required by MTUS. The request IS NOT medically necessary.

Oxycontin 40mg #90 x 2: 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 bilateral low back pain and bilateral buttock pain. The request is for OxyContin 40 mg # 90x2. The only progress report provided is dated 12/23/14 which is after the utilization review letter dated 12/16/14. Review of report does not show when the patient started to take this medication. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. On the 12/23/14 report, the treater states "The Oxycodone" provides 50% decrease of the patient's pain with 50% improvement of the patient's activities of daily living such as self-care and dressing. The patient is on an up-to-date pain contract and the patient's previous UDS was consistent. The medications have no adverse effects on the patient. The patient shows no aberrant behavior with these medications. The patient continues to experience benefit from these medications. Attempts to wean/taper in the past have been unsuccessful. Without these medications, the patient would suffer functional decline, resulting in hospitalization." In this case, the treater provides only general statements regarding the patient's function. MTUS require documentation of specific ADL's showing significant improvement. Just stating that the patient is 50% better with pain, self-care and ADL's are inadequate measures to show significant improvement. In what specific way is self-care improved; in house-work, recreational, social, and for exercises, for example, are the medication helping the patient? The treater does not use validated instrument to show functional improvement and no outcome measures are provided either as required by MTUS. The request IS NOT medically necessary.