

Case Number:	CM14-0219035		
Date Assigned:	01/09/2015	Date of Injury:	02/26/2000
Decision Date:	03/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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 58-year-old male who sustained an industrial injury on 2/26/00. The injured worker reported symptoms in the lower back, neck, bilateral shoulders and arms. The diagnoses included right medial meniscus tear, degenerative joint disease, knee arthritis, shoulder impingement syndrome, cervical radiculopathy, other chronic pain, lumbago, post-lumbar laminectomy syndrome. Treatments to date have included epidural injections, lumbar fusion, right knee arthroscopy and oral medication. PR2 dated 11/25/14 noted the injured worker presents with "ongoing chronic, severe low back pain" with a "continued increase in bilateral lower extremity pain" the treating physician is requesting Oxycodone 30mg tabs #120, 1 tab per oral every 6 to 8 hours, 30 day fill, zero refills, lumbar spine pain; Oxycontin 80mg tabs #120, (T12A) 2 tabs per oral every 12 hours, 30 day fill, zero refills, lumbar spine pain. On 12/15/14 Utilization Review non-certified a request for Oxycodone 30mg tabs #120, 1 tab per oral every 6 to 8 hours, 30 day fill, zero refills, lumbar spine pain; Oxycontin 80mg tabs #120, (T12A) 2 tabs per oral every 12 hours, 30 day fill, zero refills, lumbar spine pain, outpatient noting the California Medical Treatment Utilization Schedule Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg tabs #120 1 tab by mouth every 6-8 hours as needed 30-day fill with no refills for the lumbar spine pain: 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 chronic severe low back pain. The treating physician is requesting oxycodone. The patient's work status is Permanent and Stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed oxycodone on 05/20/2014. Prior medication history was not made available. The 11/25/2014 report notes that the patient's current pain level is at 10/10 without medication and 4/10 with medication. His medications are keeping him functional, allowing for increased mobility and tolerance of ADLs and home exercises. No side effects were reported with these. The patient underwent a spinal cord stimulator trial, but developed severe post-op infection. The treating physician notes that the patient's current UDS and CURES report were appropriate; however, these were not made available for review. In this case, no specific ADLs were discussed. No urine drug screen or CURES report were provided for review to show aberrant issues. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now slowly be weaned as outlined in the MTUS Guidelines. The request is not medically necessary.

Oxycontin 80mg tabs #120 2 tabs by mouth every 12 hours 30-day fill with no refills for lumbar spine pain as an outpatient: 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 chronic severe low back pain. The treating physician is requesting oxycontin. The patient's work status is Permanent and Stationary. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed OxyContin on 05/20/2014. Prior medication history was not made available. The 11/25/2014 report notes that the patient's pain level with medication is 4/10 and without medication is at 10/10. It was noted that the medications prescribed are keeping the patient functional, allowing for increased mobility and tolerance of ADLs and home exercises. No side effects were noted. The treating physician does note that the patients UDS and CURES report were appropriate; however, these documents were not made available for review. In this case, there are no specific discussions regarding ADLs, no changes in work status or return to work to show significant functional improvement. While the patient notes no side effects with medication use, no urine drug screen or CURES report were provided to show aberrant drug-seeking behaviors. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.