

Case Number:	CM15-0001747		
Date Assigned:	01/12/2015	Date of Injury:	03/20/1992
Decision Date:	03/17/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/05/2015

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, Hawaii

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:

This 75 year old female sustained an industrial injury on 3/20/92. The mechanism of injury was not specified; however the injured worker has a history of back surgery (a L4-L5 discectomy in 1995) and chronic low back pain. She has urinary incontinence. The IW has reported joint pain with limitation of movement in the joints and difficulty walking. There has been a slight worsening of symptoms since the onset of the low back/disc disease. Diagnoses include degenerative disc disease of the lumbar spine, coronary atherosclerosis, urinary incontinence, hypertension, hypothyroidism, depression, insomnia, glaucoma, hyperlipidemia, shingles and herpes zoster with nervous system complications. She is seen in monthly follow-up and for medication refills. She is allergic to motrin and gabapentin causes falls and shakes. Her pain medication is oxycontin 40 mg taken every 8 hours. On examination, the IW has crepitus on multiple joints, and inspection/palpation of spine and ribs reveals pain with palpation or movement. The UR decision dated 12/13/14 partially certified Oxycontin 40mg. The reviewer noted that the IW has been using the Oxycontin on a long-term basis, however, there is no objective evidence that this medication has decreased the IW's base-line pain level or provided any functional improvement. Since the guidelines state the ongoing use of opioid drugs are contingent upon a satisfactory response to care which must be periodically addressed during examinations, the indefinite use of opioid medications is not reasonable and congruent with current guideline recommendations. MTUS- Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg indefinitely: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with back pain. The current request is for Oxycontin 40 mg indefinitely. The treating physician states that the current request is for chronic low back pain. MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this case, the four A's are not documented as required by the guidelines. There is no documentation of functional improvement with this medication usage and there is no documentation of side effects or aberrant behaviors. The request is not medically necessary for chronic opioid usage and the current request is for an unspecified amount which is also not supported by MTUS or IMR guidelines. The recommendation is for denial.