MAXIMUS Federal Services

Case Number:	CM15-0002890		
Date Assigned:	01/13/2015	Date of Injury:	06/29/1998
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/06/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine

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 55 year old male suffered an industrial injury on 6/29/98 with subsequent low back pain. The injured worker was diagnosed with lumbosacral strain and lumbar degenerative disc disease. Treatment included lumbar transforaminal epidural nerve blocks, medications, intradiscal electrothermal therapy and physical therapy. X-rays of the lumbar spine (5/23/12) showed degenerative disc disease from L3 to S1. The documentation indicates the injured worker was prescribed oxycodone from at least November 2013 to December 2014. The injured worker was noted to be on social security/disability. Progress notes were written by a nurse practitioner and the documentation indicates that the nurse practitioner was prescribing oxycontin and oxycodone. On 6/30/14, the provider documented that the injured worker's pill count for oxycodone was fewer than he should have left at that time, and that he admits he takes extra when he is out doing things like fishing, hunting, and mowing the yard. In October 2014 the provider documented that the injured worker noted that he had been on pain medication for several years, that he continued to have pain and that he is not able to go hunting and fishing and enjoy life without his pain medication. In an office visit note dated 12/8/14, the injured worker reported pain ranging from 2 to 4-5/10 on the visual analog scale. Current diagnoses included chronic pain and disc bulges at L3-S1. Current medications included Oxycodone 5mg IR four times a day and Oxycontin 40 mg three times a day. The injured worker reported wanting to get off pain medications altogether. Physical exam was remarkable for normal gait and straight back without lordosis, kyphosis or tenderness to palpation. The treatment plan included weaning pain medications by 20% each month and referral to a pain specialist. On 12/22/14, Utilization

Review noncertified a request for Oxycodone HCL 5 mg #70, Oxycontin 40 mg T12A #42 and Oxycontin 30 mg T12A #42 between 12/2/14 and 2/15/14, and modified a request for Oxycontin 40 mg T12A #112 to Oxycontin 40 mg T12A #60 between 12/2/14 and 2/15/15, noting that an adequate supply of oxycontin 40 mg has been provided to allow for continuation of the weaning process, and citing CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5mg #70: 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): p. 74-96.

Decision rationale: The injured worker has been prescribed oxycontin and immediate release oxycodone, and has been prescribed opioid medication for over one year. There is no evidence that the treating provider is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing provider does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating provider has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The provider documented that the injured worker admitted to taking more than the prescribed amount of pain medication at times. The injured worker remains on disability, there was no discussion of activities of daily living, and the office visits have continued at the same frequency of approximately monthly without evidence in decrease in medication use, which does not support functional improvement as defined by MTUS. Due to the lack of prescription of opioid pain medication in accordance with the MTUS guidelines, the request for oxycodone HCL 5 mg #70 is not medically necessary.

Oxycontin 40mg T12A #112: 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): p. 74-96.

Decision rationale: The injured worker has been prescribed oxycontin and immediate release oxycodone, and has been prescribed opioid medication for over one year. There is no evidence that the treating provider is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing provider does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating provider has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The provider documented that the injured worker admitted to taking more than the prescribed amount of pain medication at times. The injured worker remains on disability, there was no discussion of activities of daily living, and the office visits have continued at the same frequency of approximately monthly without evidence in decrease in medication use, which does not support functional improvement as defined by MTUS. Due to the lack of prescription of opioid pain medication in accordance with the MTUS guidelines, the request for oxycontin 40 mg #112 is not medically necessary.

Oxycontin 40mg T12A #42: 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): p. 74-96.

Decision rationale: The injured worker has been prescribed oxycontin and immediate release oxycodone, and has been prescribed opioid medication for over one year. There is no evidence that the treating provider is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all,

for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing provider does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating provider has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The provider documented that the injured worker admitted to taking more than the prescribed amount of pain medication at times. The injured worker remains on disability, there was no discussion of activities of daily living, and the office visits have continued at the same frequency of approximately monthly without evidence in decrease in medication use, which does not support functional improvement as defined by MTUS. Due to the lack of prescription of opioid pain medication in accordance with the MTUS guidelines, the request for oxycontin 40 mg #42 is not medically necessary.

Oxycontin 30mg T12A #42: 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): p. 74-96.

Decision rationale: The injured worker has been prescribed oxycontin and immediate release oxycodone, and has been prescribed opioid medication for over one year. There is no evidence that the treating provider is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing provider does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating provider has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines.

The provider documented that the injured worker admitted to taking more than the prescribed amount of pain medication at times. The injured worker remains on disability, there was no discussion of activities of daily living, and the office visits have continued at the same frequency of approximately monthly without evidence in decrease in medication use, which does not support functional improvement as defined by MTUS. Due to the lack of prescription of opioid pain medication in accordance with the MTUS guidelines, the request for oxycontin 30 mg #42 is not medically necessary.