

Case Number:	CM15-0102957		
Date Assigned:	06/05/2015	Date of Injury:	01/08/2002
Decision Date:	07/10/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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:

The injured worker is a 49 year old male, who sustained an industrial injury on 1/8/2002. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbosacral spondylosis, opioid dependence and depressive disorder. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 4/20/2015, the injured worker complains of low back pain and difficulty sleeping. Physical examination showed normal gait and normal posture. The treating physician is requesting OxyContin 20 mg ER #60 and Vicoprofen 7.5/200 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg ER (extended release) tab, 2 times daily, Qty 60, with 0 refills: Upheld

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

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

Decision rationale: The patient presents with persistent complaints of low back pain and associated numbness and tingling into the bilateral extremities. The current request is for Oxycontin 20mg ER tab 2 times daily, QTY 60. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is a lack of adequate chart notes documenting quantified numerical pain relief, or improved functional ability. There is documentation that the patient denies aberrant behavior or side effects. The MTUS requires much more thorough documentation for continued opioid usage. As such, the request is not medically necessary.

Vicoprofen 7.5/200 mg tablet, take 1 every 3-4 hrs, Qty 120, with 0 refills: Upheld

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

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

Decision rationale: The patient presents with persistent complaints of low back pain and associate numbness and tingling in the bilateral extremities. The current request is for Vicoprofen 7.5/200 mg tablet, take 1 every 3-4 hours, QTY 120, with zero refills. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is a lack of adequate chart notes documenting quantified numerical pain relief, or improved functional ability. There is documentation that the patient denies aberrant behavior or side effects. The MTUS requires much more thorough documentation for continued opioid usage. As such, the request is not medically necessary.