

Case Number:	CM15-0012157		
Date Assigned:	01/29/2015	Date of Injury:	01/03/1994
Decision Date:	03/23/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 46 year old male, who sustained an industrial injury on 01/03/1994. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses included lumbar/sacral radiculopathy and post lumbar laminectomy syndrome. Treatment to date has included medication regimen, epidural injections, status post partial discectomy at L5 to S1, status post spinal fusion at L4-5, status post spinal fusion at L3-5 and S1 with hardware, and laboratory studies. In a progress note dated 01/05/2015 the injured worker reported low back pain that increased and caused a pop when he enters into a certain position. The treating physician requested the below listed treatments of aqua therapy for the low back and the Oxycodone for ongoing chronic intractable low back pain with a goal of tapering off of this medication. On 01/14/2015 Utilization Review non-certified the requested treatments of one urine drug screen for the date of service of 01/05/2015, eight sessions of aqua therapy and consultation between 01/05/2014 to 03/13/2015, and modified the request for one prescription of Oxycodone 15mg with a quantity of 45 to Oxycodone 15mg with a quantity of 31 between 01/05/2015 and 03/13/2015, noting the California Chronic Pain Medical Treatment Guidelines, (May 2009) and Official Disability Guidelines, Pain (Chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #45: 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 based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids

Decision rationale: Oxycodone is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The previous UR has modified to allow for a wean which is appropriate. As such the request for Oxycodone 15mg #45 is not medically necessary.

1 Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Substance abuse Page(s): 74-96;108-109. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, addiction, or poor pain control by the treating physician. University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009) recommends for stable patients without red flags twice yearly urine drug screening for all chronic non-malignant pain patients receiving opioids once during January-June and another July-December. The patient has been on chronic opioid therapy. The treating physician has not indicated why a urine drug screen is necessary at this

time and has provided no evidence of red flags. As such, the request for 1 urine drug screen is not medically necessary.

8 Sessions of aqua therapy and colsaltation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Gym MembershipGym Membership

Decision rationale: The MTUS aquatic therapy and physical medicine sections and ODG Gym membership section were consulted. The official disability guidelines state gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The official disability guidelines go on to state Furthermore, treatment needs to be monitored and administered by medical professionals. The treating physician did not provide documentation of a home exercise program with supervision. The current height and weight re 6,4 225lbs with a BMI of 27.38. The California MTUS guidelines recommend aquatic therapy in cases of extreme obesity with active self-directed home Physical Medicine, which is not apparent by the most recent notes and he continues to have 5/5 strength. The request Aquatic therapy is not medically necessary as the injured worker does not meet criteria in the MTUS.