

Case Number:	CM15-0113295		
Date Assigned:	06/19/2015	Date of Injury:	02/28/1975
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old male, who sustained an industrial injury on 2/28/1975, resulting from a motor vehicle accident. The injured worker was diagnosed as having lumbago. Treatment to date has included diagnostics, lumbar spinal surgery (2010), physical therapy, epidural steroid injections, chiropractic, electrical stimulation, and medications. Currently, the injured worker complains of ongoing back pain with radiation to his lower extremities. Medication use allowed him to work full time and he was able to walk 4-5 miles per day for exercise. Pain levels were 5/10 with medication use and 10/10 without. No significant findings were noted in the physical exam. Pain levels were unchanged for several months (since at least 1/2015). The treatment plan included medication refills. Urine toxicology reports were documented as consistent with prescribed medications. The use of Oxycontin was noted since at least 10/2013. A progress report (8/2014) noted an offer of detoxification program due to high dose opiate use. The injured worker declined, stating he could not afford to take time off work. A progress report (9/2014) noted an increase in pain over the last two months, noting the use of Oxycontin (20mg twice daily) and Percocet (10/325mg up to 4-6 daily).

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Oxycontin 20mg #60: Overturned

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): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function and pain reduction were noted in a progress notes from February to June 2015. The pain score typically becomes reduced from 10 to 5 on the NRS. Exercising and activities of daily living are improved with medication. The patient did not report any side effects. Monitoring for aberrant behavior has been carried out, and urine drug testing was reported to be consistent (last one done in December 2014). There was also monitoring of CURES Patient Activity Reports. This request is medically necessary.