

Case Number:	CM15-0179326		
Date Assigned:	09/21/2015	Date of Injury:	05/15/2004
Decision Date:	10/30/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 69 year old female who sustained an industrial injury on 5-15-04 from a slip and fall, landing on her right side, resulting in a back injury. Diagnoses included low back pain; lumbosacral radiculitis; post laminectomy syndrome; lumbosacral spondylosis without myelopathy; lumbosacral disc displacement without myelopathy; lumbago; spondylolisthesis. She currently (8-3-15) complains of constant, achy, stabbing low back pain radiating to the right leg with a pain level of 9 out of 10. She describes associated symptoms of bowel dysfunction, chills, muscle weakness and numbness. Her activities of daily living affected are physical activity, sleep, appetite and travel. She had back surgery a year ago which was successful mechanically but did not control pain. On physical exam of the lumbar spine there was lumbar spine and facet column tenderness, decreased range of motion, facet loading positive causing bilateral low back pain. On 8-17-15, she had a transforaminal epidural steroid injection and had a pain level of 7 out of 10 at that time. Diagnostics included x-ray of the lumbosacral spine (7-20-15) showing lumbosacral fusion. Treatments to date include spinal surgeries in 2008 and 2014 (L4-S1 fusion with mechanical benefit but no pain relief); ice was effective; physical therapy ineffective for pain relief; RTF L5-S1 without benefit (7-15-14); transforaminal epidural injection L5-S1 and S1 right (8-17-15) with minimal benefit; medications: Percocet, OxyContin which was able to be decreased from 80 mg to 20mg, gabapentin, omeprazole, trazadone. She had a substance control report done which was consistent with history (no date). She has been using OxyContin since at least 6-4-10 and Percocet since at least 2-6-14 for persistent low back and right leg pain. No pain levels were enumerated. In the progress note dated 8-24-15 the

treating provider will continue the use OxyContin and Percocet. The request for authorization for Percocet and OxyContin was not present. On 8-28-15 utilization review evaluated and non-certified the requests for Percocet 10-325mg #120 and OxyContin ER 20mg based on no documentation of pain level without medication, no documentation of pain assessment with activities of daily living performance with and without medication, no documentation of a pain agreement or urine drug screen and as for the OxyContin there was no dosage or number of pills to dispense.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of 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 any 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." Review of the available medical records reveals no documentation to support the medical necessity of percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS report submitted was dated 11/13/14 which was positive for percocet and OxyContin. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.

Oxycontin ER 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of 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 any 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." Review of the available medical records reveals no documentation to support the medical necessity of OxyContin nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS report submitted was dated 11/13/14 which was positive for percocet and OxyContin. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.