

Case Number:	CM15-0026862		
Date Assigned:	02/18/2015	Date of Injury:	03/27/2002
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/11/2015

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 33 year old male who sustained an industrial related injury on 3/27/02. The injured worker had complaints of low back pain. Diagnoses included sacroiliitis, post-laminectomy syndrome of lumbar region, lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis, and fasciitis. Treatment included 2 trigger point injections for the lumbar spine. Medication included Norco, Oxycontin, and Soma. The treating physician requested authorization for Oxycontin 40mg #120 and 6 follow up visits. On 1/20/15 the requests were modified. Regarding Oxycontin, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker reported benefit with the use of opiates however the benefits were not quantified. Therefore the request was modified to a quantity of 60 for weaning purposes. Regarding follow up visits, the UR physician cited the Official Disability Guidelines and noted 1 follow up visit was adequate. Therefore the request was modified to a quantity of 1. 2/9/15 medical report noted that patient has improved pain scores on opioid, with increased activity tolerance and is back to working full time. Medication is slowly being tapered. DEA PARS report and UTOX are noted to be consistent. No intolerable side effects or aberrant behaviors were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Oxycontin, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no indication of any intolerable side effects or aberrant use. In light of the above, the currently requested Oxycontin is medically necessary.

Six (6) follow up visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office Visits.

Decision rationale: Regarding the request for 6 follow-up visits, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring" The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for 6 follow-up visits cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of follow-up visits as previously recommended by the utilization reviewer. In light of the above issues, the currently requested 6 follow-up visits are not medically necessary.