

Case Number:	CM15-0042542		
Date Assigned:	03/12/2015	Date of Injury:	05/29/2012
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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

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 40 year old male who sustained an industrial injury on 05/29/2012. Current diagnoses include lumbar disc displacement, lumbosacral neuritis, and spinal stenosis. Previous treatments included medication management, lumbar fusion, and physical therapy. Current diagnostic studies included lumbar x-rays, CT of the lumbar spine, and electrodiagnostic study. Initial complaints included back pain after lifting heavy objects at work. Report dated 02/04/2015 noted that the injured worker presented with complaints that included constant lower back pain which radiates to the left hip, left leg numbness to the left foot, burning sensation, and feels chilling and very hot. Pain level was rated as 6-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included awaiting re-evaluation, Oxycontin, pain management, and urologist for lack of erection. Of note some of the treatment plan was not legible due to hand writing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #60 BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 2/4/15 progress report provided by the treating physician, this patient presents with constant low back pain rated 6-8/10 on the VAS scale, radiating to the left hip/leg, with numbness in the left foot, and burning sensation that feels chilling and very hot. The treater has asked for OXYCONTIN 40MG #60 BID on 2/4/15. The request for authorization was not included in provided reports. The patient also has lack of erection and insomnia per 2/4/15 report. The patient complains of severe pain when constipation per 1/26/15 report. The patient is only taking one opiate "Norco", per review of reports dated 9/9/14 to 10/14/14 report. The patient's current medications include Gabapentin, Norco, and Fentanyl patches per 1/26/15. The treater has discontinued Butrans patch due to side effects per 2/4/15 report. The patient's work status is "off work until 5/1/15". MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument". MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient has chronic back pain with radiation to the lower extremities. The patient has been taking Norco for at least a month, and then switch to Fentanyl patches. The patient discontinued Butrans patch due to unspecified side effects per 2/4/14 report, and in the same report, as requested a trial of Oxycontin. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this patient, the reports show that the patient is on Norco, but no documentation of its efficacy. There is no explanation as to why the patient is requiring additional opiates. MTUS recommends trying one medication at a time and if partial analgesia is not obtained, opioids should be discontinued (p88, under initiating therapy). Furthermore, 40mg Oxycontin is quite a high dose for a trial. The request IS NOT medically necessary.