

Case Number:	CM15-0065015		
Date Assigned:	04/13/2015	Date of Injury:	02/06/2012
Decision Date:	05/12/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 36 year old male who sustained a work related injury February 6, 2012. While loading drums weighing approximately 75 pounds, one drum was mislabeled and weighed 200 pounds, and not noticed until he picked it up. He noted a popping sound and immediate lower back pain. According to a primary treating physician's progress report, dated November 1, 2014, the injured worker presented with low back pain, noted to be the same since August 26, 2014. Objective findings included marked loss of lumbar motion, sensory loss left leg, below the knee and cannot elicit left lower extremity reflexes. Diagnosis is documented as lumbar disc syndrome, acute. Treatment plan stated narcotic medication needs to be increased, delayed by insurance, awaiting psychiatric evaluation (present in medical record), Vicodin for breakthrough pain and plan to go back to Oxycontin two/day. At issue are the requested treatments; Opana REER 20mg by mouth, two times a day and Oxycontin 20 mg by mouth every 12 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana REER 20mg by mouth, two (2) times per day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: In this case, the provided documents requesting opioids show no indication of length of time over which the medications will be likely be used, very little as far as objective exam findings, and no evidence of historic improvement on opioids or urine screening, etc. Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has issues and pain warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. The recent documents requesting opioids do not detail quantities or durations, indicating that more detailed expectations should be outlined with the patient regarding the treatment plan and follow up. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for weaning, etc. in light of the chronic nature of this case, the request for both Opana ER and Oxycontin are not considered medically necessary.

Oxycontin 20mg by mouth every 12 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-96.

Decision rationale: In this case, the provided documents requesting opioids show no indication of length of time over which the medications will be likely be used, very little as far as objective exam findings, and no evidence of historic improvement on opioids or urine screening, etc. Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has issues and pain warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should

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