

Case Number:	CM15-0077182		
Date Assigned:	04/28/2015	Date of Injury:	11/10/1997
Decision Date:	05/26/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/22/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 67 year old male who sustained a work related injury November 10, 1997. Past history included lumbar disk disease, facet joint syndrome, and radiculitis in the left leg, L5-S1 distribution. According to a primary treating physician's progress report, dated March 27, 2015, the injured worker presented with continuing back pain rated 5-7/10 described as constant. He does have radicular pain down both legs but no progressive neurological symptoms. Examination reveals tenderness and spasm bilateral to the lumbar spine from L1 through L5. Range of motion of the lumbar region reveals moderately restricted flexion and extension. Straight leg raise test remains positive on the left and negative on the right. MRI findings show diffuse disk disease and multiple protrusions. Assessment is documented as chronic back pain, lumbar disk disease, and radiculitis in left leg. Treatment plan included request for authorization for Celebrex, Neurontin, and Oxycontin. At issue, is the request for Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Opioids dosing, Indications for addiction, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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. Based on the medical records, the patient has been using Oxycontin, at the current dosage, for over 15 years. Since 2012, the patient has been prescribed concurrent use of Norco and Oxycontin. However, and despite the longtime use of these opiates, there is no evidence of pain and functional improvement. In addition, there is no documentation of compliance or the patient with his medications. Based on these findings, the prescription of Oxycontin 20mg QTY: 90 is not medically necessary.