

Case Number:	CM15-0079706		
Date Assigned:	04/30/2015	Date of Injury:	04/20/2001
Decision Date:	06/10/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/25/2015

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 49-year-old male with an industrial injury dated 4/20/2001. The injured worker's diagnoses include status post anterior posterior fusion at L4-L5 and L5-S1, status post removal of hardware dated 5/6/2004, transitional S1-S2 and left shoulder impingement. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 1/29/2015, the injured worker reported ongoing difficulty with low back pain that refers into both legs with associated numbness, tingling and weakness that radiates to the feet. The injured worker rated pain level 10/10 and a 7/10 with use of medications. The injured worker also reported that his pain is decreased and function improved with his current medication regimen. The treating physician prescribed Oxycontin 40mg, Amitiza 24mcg and Busipirone Hcl 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: Overturned

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: The patient was injured on 04/20/01 and presents with low back pain which refers into both legs. The request is for Oxycontin 40 MG #90. The utilization review denial rationale is that "there is no documentation of functional improvement, and the patient's subjective reports of pain continue to indicate the presence of severe pain, despite ongoing use of medication." The RFA is dated 01/29/15 and the patient's work status is not provided. Reports are provided from 07/01/14 and he has been taking Oxycontin as early as 07/01/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "criteria for use of opiates for long-term users of opiates (6 months or more)" 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 criteria for use of opiates, ongoing management also requires documentation of the 4A's (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. On 11/04/14 and 12/02/14, he rated his pain as a 10/10 without medications and a 6/10 with medications. "With the medication, the patient is able to walk for 20 minutes, stand for 30 minutes, sleep for 8 hours and sustain activity for 10-30 minutes at a time. The patient states that without the medication, he is unable to groom himself, shower, drive, prepare meals and perform household chores." The 01/29/15 report states that the patient has an opioid contract on file. "His pain level is rated as a 10/10 in intensity, but is reduced to a 7/10 with use of his current medications" The patient states that his pain is decreased and his function is improved with the use of these medications and without them, he would have significant difficulty tolerating even routine activities of daily living. He denies negative side effects with the medication, including sedation or cognitive impairment. There are no aberrant drug behaviors and he uses the medications as prescribed." There are no urine drug screens provided for review. In this case, the treater does provide all 4A's as required by MTUS Guidelines. The treater provides a before-and-after medication usage to document analgesia, provides a discussion regarding side effects/aberrant behavior, and provides examples of ADL's, which demonstrate medication efficacy. He also has an opiate contract on file. In this case, the treating physician does provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycontin is medically necessary.

Amitiza 24mcg #60 =3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78. Decision based on Non-MTUS Citation ODG Guidelines, Pain chapter, lubiprostone - Amitiza.

Decision rationale: The patient was injured on 04/20/01 and presents with low back pain which refers into both legs. The request is for Amitiza 24 mcg #60 = 3 refills. The RFA is dated 01/29/15 and the patient's work status is not provided. The patient has been taking Amitiza as

early as 08/12/14. The ODG Guidelines, under the pain chapter, has the following regarding Lubiprostone - Amitiza - "recommended only as a possible second-line treatment for opiate-induced constipation. See opioid-induced constipation treatment." The MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation while opiates are used. The patient is diagnosed with status post anterior posterior fusion at L4-L5 and L5-S1, status post removal of hardware dated 5/6/2004, transitional S1-S2 and left shoulder impingement. As of 01/29/15, he is taking Oxycontin, Topamax, Buspirone, Colace, Zanaflex, and Lyrica. In this case, the patient is also taking Colace, a stool softener that relieves constipation. The reason for the requested Amitiza is not provided and there is no medical rationale provided that supports the use of Amitiza instead of a first-line treatment for constipation. Amitiza is recommended as a second-line treatment and there is no indication that the patient has failed first-line medication for opiate-induced constipation. The requested Amitiza is not medically necessary.

Buspirone Hcl 15mg #60 =3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Pain Chronic Chapter, Anxiety Medications in Chronic Pain.

Decision rationale: The patient was injured on 04/20/01 and presents with low back pain which refers into both legs. The request is for Buspirone hcl 15 mg #60 = 3 refills. The RFA is dated 01/29/15 and the patient's work status is not provided. The patient has been taking Buspirone as early as 08/12/14. ODG Guidelines, Pain Chronic chapter, Anxiety medications in chronic pain discusses Buspirone and states, "c. 5-HT1A Agonist: Buspirone, Buspar, generic available: also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. Chessick, 2006 Dosing information: 5-15 mg three times daily." Buspirone is an anti-anxiety medication. The patient is diagnosed with status post anterior posterior fusion at L4-L5 and L5-S1, status post removal of hardware dated 5/6/2004, transitional S1-S2 and left shoulder impingement. He began taking Buspirone on 08/12/14. Review of the reports provided from 07/01/14 to 01/29/15 does not discuss how this medication impacted the patient's pain and function. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Furthermore, there is no indication of the patient having any anxiety, as required by ODG guidelines. Given the lack of discussion regarding efficacy and the lack of diagnoses of anxiety, the requested Buspirone is not medically necessary.