

Case Number:	CM15-0093668		
Date Assigned:	07/15/2015	Date of Injury:	01/30/2001
Decision Date:	09/03/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/14/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 51 year old male who sustained an industrial injury on 01/30/2001. Current diagnoses include status post lumbar laminectomy at L4-L5 with surgical revision, healed L1 compression fracture, and reactive depression. Previous treatments included medications, back surgery, and home exercise. Report dated 04/20/2015 noted that the injured worker presented with complaints that included constant pain in the back, worsening on the right side, with radiation to the right groin and testicular area, and down the back of leg. The injured worker stated that he gets 50% reduction in pain and 50% improvement with activities of daily living with the use of the medications. Pain level was 8 (currently), 4 (at best with medication) and 10 (without medication) out of 10 on a visual analog scale (VAS). Physical examination was positive for palpable spasm in the lumbar trunk, decreased range of motion; bilateral straight leg raises produce left sided back pain at 80 degrees, weakness in the left thigh, decreased sensation in the left lateral calf and bottom of his foot, and absent left Achilles reflex. The treatment plan included refilling Oxycontin for chronic pain, oxycodone IR for break through pain, and Zoloft for reactive depression, resume stretching exercises, and follow up in 4 weeks. The physician noted that the medications keep the injured worker functional, there is a narcotic contract on file, and urine drug screens have been appropriate. The medical records submitted for review support that the injured worker has been prescribed Oxycontin 80 mg for chronic pain since at least 12/22/2014 with no change in dosage and frequency. The injured worker has been seen monthly since at least 12/22/2014. Also, the medical records support that the prescribed medications allow the worker 50% reduction in pain and 50% improvement with

activities of daily living since at least 12/22/2014. Currently the injured worker is not working. Disputed treatments include Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids, Criteria for the use of opioids, Opioids-long-term assessment, Weaning of Medications, Opioids specific drug list Page(s): 1, 74-96.

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above recommended documentation. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. There were no functional improvements noted with the use of the medications. Since 12/22/2014 the injured worker has stated that medications reduce pain by 50% and improve function by 50%, medical appointment have continued on a monthly basis, and the injured worker has not returned to work. Therefore, the request for Oxycontin is not medically necessary.