

Case Number:	CM15-0095751		
Date Assigned:	05/21/2015	Date of Injury:	10/14/2004
Decision Date:	07/01/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	04/11/2015

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, Hawaii
 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 43-year-old male, who sustained an industrial injury on 10/14/2004. He reported tripped and fell injuring the knee, wrist, and back. Diagnoses include failed back syndrome, pain disorder related to psychological factors, thoracic spondylosis, radiculopathy, muscle spasm and generalized anxiety disorder. Treatments to date include medication therapy, physical therapy, and trigger point injections. Currently, he complained of chronic low back pain with radiation to lower extremity and associated with weakness. He reported being bedbound without medications. The pain was rated on average a 7/10 VAS. On 3/26/15, the physical examination documented pain over intervertebral disc spaces on palpation, trigger points with twitch, and decreased range of motion. There was absent sensation throughout right lower extremity and foot and right foot drop. The plan of care included OxyContin controlled release 20mg tablets, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin CR 20mg, one tablet every night for 30 days #30: Overturned

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

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

Decision rationale: The patient presents with pain affecting the low back with radiation to the right lower extremity. The current request is for Oxycontin CR 20mg, one tablet every night for 30 days #30. The treating physician report dated 3/26/15 (41B) states, "Overall, he continues to obtain symptomatic and restorative function from his medication combination reducing his pain by approximately 50%. He is able to be ambulatory, essentially dress himself (depending on pants he may need assist), drive, prepare some of his own meals and can drive to his appointments." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, show the patient has been taking Oxycontin since at least 4/30/14. The report dated 3/26/15 notes that the patient's pain is 4-7/10 while on current medication. No adverse effects or adverse behavior were noted by the patient except for constipation which is successfully treated with the prescription of simethicone and an additional stool softener. Documentation provided also suggests that the patient's bowel symptoms are the result of his industrial injury and not the medication (42B). The patient's ADLs have improved such as the ability to cook, dress himself and drive to and from appointments. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Oxycontin has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required As are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. The request is medically necessary. Recommendation is for authorization.