

Case Number:	CM15-0099282		
Date Assigned:	06/01/2015	Date of Injury:	10/30/1998
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/22/2015

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: 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:

This 64 year old woman sustained an industrial injury on 10/30/1998. The mechanism of injury is not detailed. Evaluations include cervical spine MRIs dated 3/27/2015 and 3/8/2011, thoracic spine MRIs dated 3/27/2015 and 1/25/2011, undated lumbar spine MRI, electromyogram of the bilateral upper and lower extremities dated 4/6/2015, MRIs of the cervical, thoracic, and lumbar spine dated 8/3/2012, and CT myelogram of the lumbar spine performed in 2010. Diagnoses include upper extremity radiculopathy, reactionary depression/anxiety, acute paralysis of the bilateral lower extremities, bilateral pulmonary emboli and deep vein thrombosis, and medications induced gastritis. Treatment has included oral medications, intrathecal pain pump, surgical intervention, and thoracic epidural injection. Physician notes dated 4/24/2015 show debilitating pain, muscle spasms, and contractures that necessitated a visit to the hospital due to medication denials. Recommendations include intrathecal Dilaudid, intrathecal Baclofen, intrathecal Bupivacaine, Oxycontin, Dilaudid, Norco, Neurontin, Baclofen, Prilosec, Zofran, Colace, Ambien, Effexor, Meloxicam, fluoroscopically guided diagnostic catheter directed epidural steroid injections, urologist consultation, home health care aide nine hours/day, intrathecal pain pump re-filled, transportation to and from medical appointments, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40mg 2 times a day #60 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 4/24/15 progress report provided by the treating physician, this patient presents with worsening pain in the cervical spine with headaches, radicular symptoms in bilateral upper extremities with associated numbness/tingling/weakness. The treater has asked for OXYCONTIN TAB 40MG 2 TIMES A DAY #60 (30 DAY SUPPLY) but the requesting progress report is not included in the provided documentation. The patient is s/p extensive spine surgery with postoperative complications, and had an intrathecal Baclofen pump placed in June of 2013 per 4/3/15 report. The patient is currently receiving 10 hours of home care service per day for 5 days a week per 4/3/15 report. The patient is s/p cervical epidural steroid injection in the past 3-4 months, and is reporting 60-70% benefit with ability to increase activity level and therapy per 4/24/15 report. The patient's worsening pain condition is hindering her ability to participate in physical therapy, as well as her activities of daily living per 4/24/15 report. The patient's current medications include Intrathecal Dilaudid, Intrathecal Baclofen, Intrathecal bupivacaine, Oxycontin, Dilaudid, Norco, Neurontin, Baclofen, Prilosec, Zofran, Colace, Ambien, Effexor, Meloxicam per 4/24/15 report. The patient is temporarily totally disabled for the next 6 weeks per 4/6/15 report. MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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. Oxycontin has been included in patient's medications per treater reports dated 10/28/14, 12/9/14, and 4/24/15. In this case, treater has not stated how Oxycontin reduces pain and significantly improves patient's activities of daily living. Treater states that patient uses Oxycontin for breakthrough pain, and has "improved functioning and improved pain" from use of opioid medication per 4/24/15 report. However, there are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.