

Case Number:	CM14-0103085		
Date Assigned:	07/30/2014	Date of Injury:	02/02/1999
Decision Date:	09/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old male who has submitted a claim for lumbago associated with an industrial injury date of February 2, 1999. Medical records from 2014 were reviewed, which showed that the patient complained of persistent back pain. On examination, patient was found to have mild spasm of the low paravertebral muscles and preserved range of motion. Straight leg raising test was negative. Patient was able to function at home and do things he enjoys such as gardening, fixing things around the house, shopping, activities of daily living (ADLs) and Instrumental activities of daily living (IADLS). Treatment to date has included medications such as Oxycontin and Percocet and transcutaneous electrical nerve stimulation (TENS). Utilization review from June 20, 2014 denied the request for Oxycontin 10mg #60 and Percocet 5mg 325mg #25. The page indicating the reason for denial is missing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed Oxycontin since at least January 2014. There was sparse subjective and objective information regarding the pain on the medical records submitted. Specific measures of analgesia and functional improvements such as pain scores and improvements in activities of daily living were not adequately documented. Moreover, there was no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycontin 10mg #60 is not medically necessary.

Percocet 5mg 325mg #25: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed Percocet since at least January 2014. There was sparse subjective and objective information regarding the pain on the medical records submitted. Specific measures of analgesia and functional improvements such as pain scores and improvements in activities of daily living were not adequately documented. Moreover, there was no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Percocet 5mg 325mg #25 is not medically necessary.