MAXIMUS Federal Services

Case Number:	CM13-0020286		
Date Assigned:	11/08/2013	Date of Injury:	03/11/2003
Decision Date:	01/27/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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 49 year old male with a date of injury of3/ll/2003. The provider has submitted a prospective request for one prescription of Oxycodone 15mg #30.According to documentation submitted, the patient is currently being treated for low back pain. As per the progress report dated 8/8/2013, back pain was indicated to be significantly increased since the last visit and activity was decreased. Significant objective findings by [redacted] consisted of reduced lumbar spine range of motion, parasplnal muscle spasm, trigger points with twitch response and radiation of pain, tendemess over the left sacroiliac joint, positive Gaenslen's test, negative lumbar facet loading, positive FABER test, and positive straight leg raise on the left. Neurological findings included reduced right lower extremity strength and sensation. The patient was diagnosed with low back pain and sacroiliac pain. Prior treatment consisted of medications (muscle relaxants and opiates), topical analgesics, a sacroiliac joint injection, bracing, physical therapy, and home exercise. The provider is requesting a prescription of Oxycodone which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 98.

Decision rationale: The California-MTUS (effective July 18, 2009) page 98 of 127 indicated the following: Oxycodone immediate release (OxyIRÂ® capsule; RoxicodneÂ® tablets; generic available), Oxycodone controlled release (OxyContinÂ®): [Boxed Warning]: OxycontinÂ® Tablets are a controlled release formulation of Oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are NOT intended for use as a prn analgesic. Side Effects: See opioid adverse effects. Analgesic dose: (Immediate release tablets) 5mg every 6 hours as needed. Controlled release: In opioid naive patients the starting dose is 10mg every 12 hours. Doses should be tailored for each individual patient, factoring in medical condition, the patient's prior opioid exposure, and other analgesics the patient may be taking. See full prescribing information to calculate conversions from other opioids. Note: See manufacturer's special instructions for prescribing doses of over 80mg and 160mg. Dietary caution: patients taking 160mg tablets should be advised to avoid high fat meals due to an increase in peak plasma concentration. (Product information, Purdue Pharma) support short-term use of opiates, such as Oxycodone, for moderate to severe pain. The guidelines specify that opiates are to be used for the shortest duration and with the lowest possible dosage. Long-term opiate use may be appropriate if the patient is showing functional improvement with stabilization of pain and there is no evidence of non-compliant behavior. The guidelines also do not support the sudden discontinuation of this class of drug. Based on the medical records reviewed, this patient has been taking Oxycodone 15mg for severe pain, without any documentation of functional improvement and stabilization of pain, therefore Oxycodone should be discontinued.