

Case Number:	CM13-0056618		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2011
Decision Date:	05/06/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/22/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 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 36 year old male who was injured on 07/01/2011. The patient was injured by trying to catch a patient who came close to falling off of a bed. He began experiencing acute pain in the area of the left shoulder, neck, and back. Prior treatment history has included Oxycodone Immediate Release. The patient underwent L3 through S1 lumbar procedure in 2002; anterior cruciate ligament repair of the left knee 2004; nerve repair, right elbow; wrist repair 2003; and left rotator cuff and biceps tendon repair in 08/2012. Diagnostic studies reviewed include MRI of the cervical spine without contrast performed on 06/06/2013 revealed a 2 mm central protrusion with associated annular fissuring at the C6-C7 level, which indents the thecal sac; mild left foraminal narrowing at the C5-C6 level secondary to the left uncovertebral hypertrophy; and disc desiccation at the C2-C3, C3-C4, C4-C5, C5-C6, and C6-C7 levels. Clinic note dated 10/09/2013 indicated the patient has a chief complaint of back pain. He complains of a stabbing pain that is moderate to severe. He has had an onset of symptoms since 2001. There is no pattern associated with this patient's clinical expression. He states that escalating ADL's aggravate the underlying symptoms and reducing ADL's improve the patient's symptoms. He also complains of associated constipation. On inspection of the lumbar spine, he has a well healed surgical incision. Range of motion of the lumbosacral spine reveals extension 10, LLF 10, RLF 10, LR 10, and RR 10. The patient is diagnosed with 1) Displacement of lumbar disk without myelopathy; 2) Degeneration of lumbar disk; 3) Post laminectomy syndrome; lumbar; and 4) Lumbar stenosis. The patient is not exhibiting aberrant drug-related behavior or any significant side-effect. The patient is instructed to continue oxycodone, continue psychotherapy and follow-up in 2-4 weeks. The patient has a disability status of total temporary disability from a psychiatric standpoint as per the Agreed Medical Evaluation, [REDACTED] dated 06/03/2013; Permanent and stationary

regarding the low back body part as of 06/13/2013; and Permanent and stationary regarding the left shoulder as per [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE IR 10MG #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Opioids, Dosing Page(s): 80-81, 86.

Decision rationale: According to the CA MTUS guidelines, immediate release opioids are recommended for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The medical records document the patient complained of chronic low back pain since 2001 and had been on Oxycodone since 4/27/2014. On physical examination, the patient had significant reduction of ROM of Lumbosacral spine. In the absence of documented exact duration of Oxycodone treatment, any significant improvement of pain and function, and failure to return to work, the request is not medically necessary according to the guidelines. In regards to opioid dosing, the CA MTUS recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case, the MED of #360 Oxycodone 10mg is 12 tablets per day x 10mg x 1.5 MED factor = 180 mg, which exceeds the maximum MED set by the guidelines. Consequently, recommendation is to non-certify the request for Oxycodone IR.