

Case Number:	CM13-0058554		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2007
Decision Date:	05/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/27/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 42-year-old male with a date of injury of 07/16/2007. The listed diagnoses per [REDACTED] are: 1. History of L4-L5 spinal fusion with instrumentation decompression in 2009. 2. Abnormal postoperative EMG in the right lower extremity revealing radiculopathy involving the right S1 nerve root. 3. Neuropathic pain. 4. Intermittent back spasms. 5. History of elevated liver enzymes. 6. Intermittent episodes of urinary incontinence. 7. Hypertension. 8. Recent fall on right shoulder with possible tendinopathy versus cuff tear. According to report dated 10/15/2013 by [REDACTED], the patient complains of stabbing pain in his right back and hip. He reports pain that radiates down his hip and leg on the right side. He states all of his medications that are prescribed to him are "very helpful". He has been using Oxycodone immediate release 15 mg tabs about 4 a day. He reports at least 50% functional improvement with the medication versus not taking them. He also uses Lyrica 200 mg at night to offset burning pain in his leg. His other medications include capsaicin cream, Pamelor 10 mg, and Cymbalta 30 mg. The treater goes on to state that the patient finds all of the medicines helpful in keeping him functional. He is under narcotic contract with the office and urine drug screens have been appropriate. As noted, the patient has some liver function issues and is not able to take any medications with Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OXYCODONE 15MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 61.

Decision rationale: This patient presents with ongoing right back and hip pain that radiates down his leg. The treater is requesting a refill of Oxycodone 15 mg #120. Utilization review dated 10/28/2013 denied the request stating "submitted documentation showed no quantitative comparison for improvement with medications." For chronic opiate use, the Chronic Pain Medical Treatment Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Medical reports show that this patient has been Percocet since 01/24/2013. Monthly progress reports from 02/21/2013 each state the medications either provide increase in function, relief in pain, or "helpful." Report from 10/15/2013, indicates a "50% functional improvement." However, none of the reports provided any discussions regarding any specific functional improvement to opiate use. Only generic states of relief or increase in function are provided. None of the reports discuss any significant change in ADLs, change in work status, or return to work attributed to use of Oxycodone. MTUS require not only analgesia but documentation of ADL's and specific functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Given the above the request for Oxycodone 15mg #120 is not medically necessary.