

Case Number:	CM13-0058812		
Date Assigned:	12/30/2013	Date of Injury:	11/20/1997
Decision Date:	11/17/2014	UR Denial Date:	11/21/2013
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 and is licensed to practice in Louisiana. 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 49 years old male who was injured on November 20, 1997. The mechanism of injury is unknown. Prior treatment history included Oxycodone 15 mg for breakthrough pain, OxyContin 30 mg for long-acting pain relief, Baclofen 10 mg, Xanax 0.5 mg, Elavil 10 mg and Wellbutrin XL 150 mg. Prior surgeries included intervertebral disc graft at L4-5 & L5-S1. Diagnostic studies were reviewed. Toxicology report dated September 4, 2013 was positive for Oxycodone, Noroxycodone, Oxymorphone and Meprobamate. It also documented inconsistent results including the presence of alpha-hydroxyalprazolam (which indicates Alprazolam use), Amitriptyline and Nortriptyline. All three drugs were not reported in any of the patient prescriptions. Progress report dated 10/28/2013 states the patient presented for a follow-up of neck and low back pain as well as bilaterally lower extremity numbness and tingling. He rated his pain as a 7-8/10. He noted that with his medications he is able to perform chores and make dinner and provide self-care. On exam, he has tenderness to palpation of the cervical spine as well as the lumbar spine. He has decreased sensation on the left at C5, C6, and C8 dermatomes. He has positive facet loading challenge in the lumbar spine and pain with extension. Range of motion of the lumbar spine and cervical spine is decreased in all planes. The patient was diagnosed with failed low back surgery syndrome, spinal fusion, status post fusion at L4-S1; cervical spine strain/sprain; chronic high dose opiate use and bilateral sacroilitis. The patient has been prescribed oxycodone 15 mg #90 which he has been utilizing since 03/18/2013. Prior Utilization Review dated November 21, 2013 denied the request for Oxycodone 15 mg due to lack of clinical information & documentation proving that this medication is improving the patient case & his productivity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioid is recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentation showing any sustainable improvement in pain or function and long-term use of Oxycodone is not recommended by the guidelines. Therefore, this request is not medically necessary.