MAXIMUS Federal Services

Case Number:	CM13-0062153		
Date Assigned:	12/30/2013	Date of Injury:	02/25/2002
Decision Date:	05/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 injured worker is a 66-year-old female who reported an injury on 02/25/2002. The mechanism of injury was reported by the injured worker as she was pulling on some heavy boxes when she noticed a pop in her low back that led to pain that radiated down her left leg. Clinical note dated 12/09/2013 listed the injured worker's current medications as hydrocodone/acetaminophen 10/325 take 1 half tablet to 1 tablet twice a day as needed and oxycodone 20 mg take 1 tablet by mouth 3 times a day. Objective findings documented in the clinical note indicated that the injured worker had pain and difficulty with transfers from sitting to standing. The physician documented the lumbar spine had decreased range of motion for flexion and extension, paraspinous muscle tenderness with left lumbosacral spasm, and positive for the straight leg lift at about 35 degrees on the left side. The injured worker is noted to have an antalgic gait. Surgical history included a posterior lumbar fusion at L4-5 on 02/12/2004. The clinical note stated other treatments include acupuncture, physical therapy, exercise, heat treatment, and chiropractic. The injured worker received a few epidurals that provided her with pain relief, but the relief was less and less with time. The clinical note stated that the injured worker reported the pain level with medications was 3/10 and pain level without medications was 9/10. The clinical note from when the treatment was requested was not provided in the medical records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 20MG: 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: The Expert Reviewer's decision rationale: The decision for Oxycodone 20MG is non-certified. California MTUS guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The documentation should also contain routine drug analysis tests to ensure the patient is taking the medication as prescribed. The documentation provided for review did not include any urine drug testing, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The request for the medication did not include frequency or quantity. Therefore, the request does not meet the guidelines set forth by the California MTUS. The request for Oxycodone 20MG is non-certified.