

Case Number:	CM13-0063436		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2007
Decision Date:	05/08/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/10/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 05/23/2007 after a trip and fall over a cord. The injured worker's treatment history included a lumbar fusion at the L4-5, a back brace, medications, activity modifications, physical therapy, injection therapy, a spinal cord stimulator implantation and cognitive behavioral therapy. The injured worker was evaluated on 10/4/2013. It was documented that the injured worker had 60% pain relief from the use of oxycodone and was able to maintain functional activities due to medication usage. The injured worker was evaluated on 10/21/2013. Physical findings included a spinal cord stimulator skin site that was clean, dry and intact with restricted range of motion of the lumbar spine in all planes secondary to pain as well as tenderness to palpation of the paraspinal musculature and bilateral L5-S1 facet joints. It was noted that the injured worker had positive lumbar facet joint provocative maneuvers, positive sacroiliac provocative maneuvers and tenderness to the right sacral sulcus. The injured worker's diagnoses included status post percutaneous spinal cord stimulator trial, right sacroiliac joint pain, right lumbar facet joint pain, lumbar facet joint arthropathy, failed back surgery syndrome, status post L4-5 interbody fusion, Attention Deficit Hyperactivity Disorder (ADHD) and depression. The injured worker's treatment recommendations included 6 visits of cognitive behavioral therapy, continued medications and continued activity modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 10/325 MG. TABS 120 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: 9792.20, 9792.21, 9792.22, AND 9792.24.2, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: he requested oxycodone 10/325 mg tablets 120 with 2 refills are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing assessment of patients that use opioids in the management of chronic pain. This assessment should include a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation does indicate that the patient is monitored for aberrant behavior with urine drug screens. Additionally, the patient was evaluated on 10/14/2013. It was documented that the injured worker received 60% pain relief and was able to maintain activities of daily living such as dressing and self-care and food preparation with the use of oxycodone. Continued use of oxycodone would be appropriate for this patient. However, the request includes 2 refills. This does not allow for ongoing evaluation and assessment of the efficacy of this medication. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested oxycodone 10/325mg tablets 120 with 2 refills are not medically necessary or appropriate.