

Case Number:	CM14-0001222		
Date Assigned:	08/22/2014	Date of Injury:	12/17/1980
Decision Date:	09/30/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/03/2014

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 Occupational 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 56-year-old male who has submitted a claim for lumbar post-laminectomy syndrome, chronic pain; associated with an industrial injury date of 12/17/1980. Medical records from 2014 were reviewed, which showed that the patient presented with chronic pain. Patient had difficulty with standing, walking, and prolonged sitting. Pain is rated at 6 out of 10. Physical examination revealed limited range of motion for the lumbar spine. There is pain to palpation diffusely in the lumbosacral region. Straight leg raise test is negative. Muscle strength in the lower extremities is equal and symmetric. Treatment to date has included medications and surgery. Utilization review from 12/5/2013 modified the requests for Oxycodone CR 20 MG #90 to #45 and Oxycodone CR 40 MG #90 to #45 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone CR 20mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Oxycodone since at least 07/01/2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Additionally, the previous review prescribed Oxycodone CR 20mg qty: 45 as a weaning dose for purposes of slow-tapering. Therefore, the request for Oxycodone CR 20mg #45 is not medically necessary.

Oxycodone CR 40mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Oxycodone since at least 07/01/2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Additionally, the previous review prescribed Oxycodone CR 40mg qty: 45 as a weaning dose for purposes of slow-tapering. Therefore, the request for Oxycodone CR 40mg #45 is not medically necessary.