MAXIMUS Federal Services

Case Number:	CM14-0107652		
Date Assigned:	08/01/2014	Date of Injury:	12/08/1999
Decision Date:	09/29/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 51-year-old female who has submitted a claim for thoracic or lumbosacral neuritis or radiculitis associated with an industrial injury date of December 8, 1999.Medical records from 2014 were reviewed. The patient complained of diffuse neck pain, low back and bilateral lower extremity pain and right hip pain. Current pain medications include Cymbalta, Topamax, and oxycodone. These medications provide patient with a significant degree of pain relief with objective evidence of improved function. No untoward side effects from the medications were reported. The patient has a signed medication agreement on file and is subject to random urine screens when applicable. Physical examination showed a slightly antalgic gait; tenderness over the lumbar spine and buttocks; limitation of motion of the lumbar spine due to pain; positive straight leg raise; and some dysesthetic sensation in the affected area.The diagnoses include lumbar or lumbosacral disc degeneration; cervical disc degeneration; thoracic or lumbosacral neuritis or radiculitis; cervicalgia; obesity; depressive disorder; chronic pain syndrome; osteoarthritis; pain joint of pelvic region and thigh; myalgia and myositis; sleep disturbance; and ling-term use of other medications.Treatment to date has included oral analgesics, physical therapy, chiropractic therapy, massage, acupuncture, lumbar surgery, lumbar epidural injection, and TENS. Utilization review from July 4, 2014 denied the request for oxycodone HCL 15mg #120 refills 3. There were no urine drug screens to verify compliance with opiate regimen. There is also no indication why she could not use a longer acting medication to avoid multiday dosing. Long-term opiate use is not supported especially without functional benefit being documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hydrochloride Tab 15mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Peer Review Contact.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guideline also states that opioid intake may be continued when the patient has returned to work and has improved functioning and pain. In this case, Oxycontin was taken as far back as January 2014 with reported benefits from its use. Objective evidence of improved function was reported, however these were not documented. Moreover, there was no mention of patient's current work status. Likewise, medical records provided did not show that urine drug screens were done. The guideline requires documentation of functional improvement, return to work and appropriate medication use prior to continuation of opioids. The medical necessity for continued opioid use has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Oxycodone Hydrochloride Tab 15mg #120 is not medically necessary.