

Case Number:	CM14-0012814		
Date Assigned:	02/24/2014	Date of Injury:	01/08/2007
Decision Date:	08/04/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/31/2014

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 57-year-old male who has submitted a claim for post lumbar laminectomy syndrome, lumbar disc disorder, chronic pain syndrome, depression, and hypertension associated with an industrial injury date of January 8, 2007. Medical records from 2013 were reviewed. Patient complained of low back pain described as throbbing, rated 5/10 in severity. Quality of sleep had improved upon use of Lunesta, averaging 6 1/2 hours per night. Patient reported functional benefits from medication use. No medication abuse was suspected. Physical examination showed tenderness at the paralumbar muscles. Motor testing was limited by pain. Treatment plan included slow tapering off medications. Treatment to date has included lumbar surgery, and medications such as oxycodone, Cymbalta, morphine, and Lunesta. Utilization review and from January 14, 2014 modified the request for oxycodone IR 30mg, BID, #60 into quantity #30 for weaning purposes because of no objective functional improvement from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 30MG #60: Overturned

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: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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, the earliest report citing opioid use was dated August 2013. The most recent progress report from December 2013 showed functional benefits from its use. No side effects were noted. Urine drug screens likewise have been consistent with the prescribed medications. Guideline criteria were met. Therefore, the request for OxycodonE IR 30MG #60 is medically necessary.