

Case Number:	CM14-0015365		
Date Assigned:	02/28/2014	Date of Injury:	10/18/2006
Decision Date:	07/31/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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 47-year-old male who has submitted a claim for right L5-S1 radiculopathy, central L5-S1 disc protrusion with annular disc tear, central L4-L5 disc protrusion with annular disc tear, central disc protrusion at L3-L4, and lumbar degenerative disc disease L4-L5, L5-S1, lumbar sprain/strain, associated with an industrial injury date of October 18, 2006. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of right low back pain exacerbated by bending, twisting and lifting. Physical examination revealed restricted lumbar range of motion in all directions. Lumbar discogenic provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were symmetric bilaterally in all limbs. Clonus, Babinski's and Hoffman's signs were absent bilaterally. Muscle strength was 5/5 in all limbs except for 5-/5 strength in the right extensor hallucis longus, and 4+/5 in the left extensor hallucis longus and left quadriceps. Treatment to date has included transforaminal epidural steroid injections, and medications, which include Lidoderm patch, Ativan, Prevacid 30mg, Soma 350mg, Lunesta, Oxycodone 15mg and Opana ER 10mg. Utilization review from January 27, 2014 modified the requests for Oxycodone 15mg QTY: 360 and Opana ER 10mg QTY: 180 to Oxycodone 15mg QTY: 240 and Opana ER 10mg QTY: 120, respectively. The requests were modified because although the available clinical information does document maintenance of function and close monitoring including a pain contract, which support medical necessity, the upper limit per guidelines is a 3 month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15MG QTY 360.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, based on the records provided, the patient has been on Oxycodone since 9/14/13 although the exact date of initiation is not known. Medical records clearly mentioned continued analgesia and functional benefit. Records also included toxicology screening, and monitoring of adverse effects and aberrant behavior from its use. It also stated that the medication has enabled the patient to tolerate activities of daily living such as dressing and self care. The medical necessity has been established. Therefore, the request for Oxycodone 15mg QTY 360.00 is medically necessary.

OPANA ER 10MG QTY 180.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, based on the records provided, the patient has been on Opana ER 10mg since 9/14/13 although the exact date of initiation is not known. Medical records clearly mentioned continued analgesia and functional benefit. Records also included toxicology screening, and monitoring of adverse effects and aberrant behavior from its use. It also stated that the medication has enabled the patient to tolerate activities of daily living such as dressing and self care. Patient was also on an up to date pain contract with no signs of abuse/misuse. The medical necessity has been established. Therefore, the request for Opana ER 10mg QTY 180.00 is medically necessary.

