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| Case Number: | CM14-0015885 | | |
| Date Assigned: | 03/05/2014 | Date of Injury: | 01/18/2011 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 01/24/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This patient has a date of injury of 1/18/11. A utilization review determination dated 1/23/14 recommends modification of 180 Oxycodone 15mg to one refill of 180 Oxycodone 15mg for the purpose of weaning. A 1/14/14 medical report identifies chronic, severe intractable back and lower extremity pain as well as anxiety, depression, and insomnia. It is causing a lot of interference in this daily function. MS Contin and Percocet were previously discontinued due to gastrointestinal side effects and Tylenol load, respectively. Back pain and migraines are worsening. He reports severe stomach pain that he attributes possibly to the amount of Tylenol and the worsening of his vision while on Lyrica and Neurontin. He has not had his psychiatric medications in over a week and is scheduled for a consultation with a psychiatrist. Pain without medication is 9-10/10 and 6/10 once on medication. Pain at the visit is 8.5/10. Medications keep the patient functional, and allow for increased mobility, and tolerance of activities of daily living and home exercise. On exam, there is lumbar tenderness with limited range of motion and positive straight leg raising bilaterally. There is numbness and weakness in the left lower extremity with decreased deep tendon reflexes at the left ankle. Bilateral EHL is 2+/5 and there is decreased sensation in the left L4, L5, and S1. Recommendations included Pristiq and Oxycodone. The provider documents that UDT and CURES reports are appropriate and no aberrant behaviors are noted. Goals are outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 OXYCODONE HCL 15MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the Oxycodone is improving the patient's function and pain. The provider also notes that the patient's urine drug screens and CURES are consistent, and goals of treatment have been established. The previous utilization review noted a concern for significant psychiatric comorbidities and cited a lack of psychiatric evaluation as a reason for recommending weaning of opioids. The patient did subsequently consult with a psychiatrist who made some adjustments to the patient's psychiatric medications. Given all of the above, current usage of Oxycodone does appear to be appropriate, although ongoing usage should continue to be accompanied by regular reevaluation of pain relief, functional status, appropriate medication use, and side effects as recommended by the California MTUS. In light of the above, the currently requested Oxycodone is medically necessary.