

Case Number:	CM14-0114718		
Date Assigned:	08/04/2014	Date of Injury:	06/13/2002
Decision Date:	09/23/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/21/2014

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 Medicine and is licensed to practice in Florida. 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 injured worker is a 67 year old male who reported an injury on 06/13/2002. The mechanism of injury was not specified. His diagnoses included failed back surgery syndrome. The date of surgery, previous treatments, and diagnostics were not provided. The 06/12/2014 note showed that his Oxycodone was recently decreased and he was reportedly taking 3-4 tablets per day, however, some days he would take up to 6 tablets depending on his activity level. He reportedly was able to stay active with the combination of pain pump and oxycodone. He was able to perform activities of daily living and take care of his small son, but with the reduction in pain medications he was limited to the activity he did. He felt he required 6 of the 15mg Oxycodone to reduce pain so that he can do his activities of daily living and maintain quality of life. The injured worker reported he used a spinal cord stimulator on a daily basis. On 07/07/2014 he reported moderately severe low back pain with pain rated at 8/10. He informed physician that he needed 8-10 Oxycodone per day in addition to the pump to help manage his pain because he cannot function without his medications. He stated his mobility was impaired, he was unable to care for his son, he felt grumpy, and felt sweaty with elevated heart rate and blood pressure due to the pain. It was noted that his leg raise was negative, motor strength was 5/5, and deep tendon reflexes were absent bilaterally. His medications included Oxycodone, Fentanyl (pump), Hydromorphone (pump), and Bupivacaine (pump). The treatment plan was for Oxycodone 15mg #270. The rationale for request was he cannot function without medication. The request for authorization was submitted 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycondone 15mg, #270.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycondone: Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 74-79; 86.

Decision rationale: Based on the information submitted for review, the request for Oxycodone 15mg is not medically necessary. As per the Chronic Pain Medical Treatment Guidelines, Oxycodone is a short acting opioid that is used to control intermittent or breakthrough chronic pain. The injured worker should be prescribed the lowest possible dose to improve function and pain. There should be ongoing documentation of pain relief, functional status, appropriate medication use, and side effects. Additionally, the guidelines state that dosing of opioids should not exceed 120mg oral morphine equivalents per day. The injured worker reported moderately severe back pain. He had a Fentanyl and hydromorphone pain pump that he used along with Oxycodone. His oxycodone was decreased and he reportedly had difficulty doing any activity along with completing activities of daily living. He needed 6 tablets of 15mg Oxycodone to maintain quality of life. Although the patient's pain level was 8/10 at his most recent visit, there is not a detailed pain assessment to show efficacy of oral medication in regards to pain relief. Also, it is not noted that he has had a recent urine drug screen. In addition, based on the noted doses of hydromorphone, fentanyl, and oxycodone, the injured worker's daily oral morphine equivalent dose is 664mg which far exceeds the guidelines limit of 120mg daily. Furthermore, the request failed to provide information in regards to how frequent he should be taking medication. For the reasons noted above, the request for Oxycodone 15mg #270 is not medically necessary.