

Case Number:	CM14-0125068		
Date Assigned:	10/07/2014	Date of Injury:	10/12/2007
Decision Date:	12/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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 & 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 is a patient with a date of injury of 10/12/07. A utilization review determination dated 7/29/14 recommends modification of oxycodone and fentanyl. 7/21/14 medical report identifies low back pain. The patch does not provide adequate relief, so she will sometimes take additional oxycodone. Lumbar surgery is scheduled. Pain is 2/10 with medications and 10/10. Medications allow for increased mobility and tolerance of ADLs and home exercise. On exam, there is limited ROM, tenderness, positive SLR bilaterally, abnormal heel and toe walking, spasm, 3+ strength in all tested muscles except for 4+/5 on right dorsiflexion, and decreased sensation left L3-5 and right L4-S1. UDS is reported to be consistent and no intolerable side effects are present. The patient seems to be using the medications appropriately and responsibly. Goals are outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10 MG #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for oxycodone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. 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 medication is significantly improving the patient's function and pain. The provider notes that there are no intolerable side effects, the patient appears to be utilizing medications appropriately, and the urine drug screens have been consistent. In light of the above, the currently requested oxycodone is medically necessary.

Fentanyl 100 MCG/HR PT72 #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for fentanyl, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. 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 medication is significantly improving the patient's function and pain. The provider notes that there are no intolerable side effects, the patient appears to be utilizing medications appropriately, and the urine drug screens have been consistent. In light of the above, the currently requested fentanyl is medically necessary.