

Case Number:	CM14-0154921		
Date Assigned:	09/24/2014	Date of Injury:	12/02/2010
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 58-year-old male who reported injury on 12/02/2010. The mechanism of injury, diagnostic studies and prior treatments and therapies were not provided. The surgical history was noted to be noncontributory. The documentation submitted for review was dated 09/22/2014 which was noted to be written in appeal for a medication denial. The injured worker had a fluoroscopically guided L4-5 and L5-S1 left transforaminal epidural steroid injection. The injured worker's medications included oxycodone 30 mg 4 times a day and OxyContin 40 mg twice a day. The prior medications included a fentanyl patch, Kadian, Nucynta, Percocet, hydrocodone, Lyrica and promethazine. The physical examination revealed the injured worker had tenderness to palpation upon the left lumbar paraspinal muscles overlying the left L3-S1 facet joints. Lumbar range of motion was restricted and painful in all directions. The lumbar discogenic and facet joint provocative maneuvers were positive. The muscle stretch reflexes were 1 and symmetric bilaterally in all limbs. The left tibias anterior and left extensor hallucis longus strengths were 4+/5. The diagnoses included lumbar facet joint pain at L3-S1, lumbar facet joint pain in L4-5 and L5-S1, lumbar facet joint arthropathy, central disc protrusion at L5-S1, lumbar facet joint arthropathy, lumbar degenerative disc disease, and lumbar sprain/strain. The treatment plan included oxycodone 30 mg every 4 hours and OxyContin. The documentation indicated the OxyContin improved the injured worker's pain 50% and improved his activities of daily living such as self-care and dressing 50%. The injured worker was up to date on a pain contract and previous urine drug screens were consistent with no aberrant drug behaviors. The injured worker noted 60% improvement of pain and improvement of activities of daily living with the use of oxycodone. There was a rationale for the medications. There was a detailed Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing, Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg of oral morphine equivalence per day. The clinical documentation submitted for review indicated the injured worker was utilizing both oxycodone and OxyContin. The oxycodone dosing was between 4 and 6 times per day, and the OxyContin dosing per the physician documentation was twice a day. The oral morphine equivalents would equal 300 to 390 mg of oral morphine equivalents dependent upon whether the injured worker utilized the oxycodone 4 times a day or 6 times a day. The injured worker was being monitored for aberrant drug behavior and side effects and there was documentation of objective functional benefit and an objective decrease in pain. However, as the daily morphine equivalent dose was exceeded, the request would not be supported. Additionally, the request as submitted failed to indicate the frequency for the requested medication. The duration of use could not be established through supplied documentation. Given the above, the request for oxycodone 30 mg #180 is not medically necessary.