

Case Number:	CM14-0156423		
Date Assigned:	09/26/2014	Date of Injury:	08/07/2001
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/24/2014

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:

Injured worker is a male with date of injury 8/7/2001. Per pain management progress note dated 9/16/2014, the injured worker complains of low back pain. His pain is described as sharp, numb, and rated at 5/10. There is radiation intermittently to bilateral lower extremities. He has had this pain for 12 years, it is aggravated by sitting and getting out of bed, and relieved by movement and activities. On examination he is well developed and well nourished in no apparent distress. Affect is appropriate. Visual inspection of the exposed skin does not exhibit any gross abnormalities. HEENT exam reveals normocephalic, atraumatic, no gross facial abnormalities and no gross edema. He is awake, alert and oriented to time, place and object. Diagnosis is lumbosacral spondylosis without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Acetaminophen 10mg-325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95,124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The pain management progress note comments that they do not manage the injured worker's medications, but feel that the medications he is prescribed are appropriate for his condition, however there is no physical examination or specific history regarding his condition, function, activity level, or how they are affected by the use of opioid pain medications. The primary treating physician notes that the injured worker has been totally disabled with his condition and has been considered permanent and stationary since 2003. He has been stable on his present meds with pain only controlled to the point of tolerability, and it would be counterproductive to withdraw his medications and likely detrimental to his health. The clinical reports provided for review do provide any objective evidence that chronic opioid use has improved the injured worker's function. There also is no information regarding assessment for aberrant drug behavior. Medical necessity for this request has not been established. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone Acetaminophen 10mg-325mg #120 is determined to not be medically necessary.