

Case Number:	CM14-0157137		
Date Assigned:	09/30/2014	Date of Injury:	04/26/2002
Decision Date:	10/28/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/25/2014

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 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:

The injured worker is a 54-year-old male who sustained an injury on 4/26/02. As per the 09/09/14 report the patient presented with terrible back pain. He was stressed out due to medication denials. No objective findings were documented on this visit. Oxy-IR was cut back in August and he was willing to hold with this for now. Primary treating physician's letter to the insurance company dated 08/13/14 documented that he had a severe and progressive spinal disorder and that had relentlessly caused recurrent acute back pain superimposed on chronic back pain. He is currently on Methadone and Oxy-IR. He reported that Methadone was the key to his life without which he could not get out of bed in the morning and that he had been using Oxy-IR along with Lidoderm patches which allowed him to actually function; he did have constipation with it but it was dealt successfully. He has been on Oxy-IR since 11/15/13, prior to that he was on Percocet and prior to that on Norco. He was recently started on Oxy-IR weaning. Opioid analgesics have been moderately effective allowing him to perform basic activities of daily living although he still has substantial pain. His only alternative to medications is radical spinal surgery and he is against it as the degree of such spinal reconstruction has a significant mortality (due to spinal shock) and so depends on analgesics in order to live independently with some comfort. Diagnosis includes chronic recurrent back pain (progressive collapse of spine). No diagnostic studies or past surgeries were documented. The request for Oxy IR 15mg #240 was modified to a certification of 1 prescription of Oxy IR 15mg #65 on 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 15mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 94-97.

Decision rationale: According to CA MTUS guidelines, Oxycodone is a short acting Opioid is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, the medical records do not establish ongoing attempts with non-pharmacologic means of pain management such as physical therapy or home exercise program. There is little documentation of significant improvement in pain level (i.e. VAS) or function. There is no evidence of recent urine drug test in order to monitor the patient's compliance. The IW is currently on high dose of OXY IR; conversion to long-acting opioids should be considered when continuous around the clock pain management is desired. Therefore, the request fro Oxycodone at the current dosage is considered not medically necessary.