

Case Number:	CM14-0159756		
Date Assigned:	10/03/2014	Date of Injury:	03/07/2010
Decision Date:	11/13/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/29/2014

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 and Texas. 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 patient is a 65 year old male who was injured on 3/7/2010. The diagnoses are neck, shoulder, low back and feet pain. There are associated diagnoses of insomnia and depression. The MRI of the lumbar spine showed degenerative disc disease, facet arthropathy and neural foraminal stenosis. The EMG showed left L5 radiculopathy. The patient completed physical therapy (PT), hydrotherapy and acupuncture treatments. The reported dated 5/22/2014 noted subjective complaint of 6-8/10 on a scale of 0 to 10. There are objective findings of quadriceps atrophy, decreased deep tendon reflexes, decreased range of motion and positive straight leg raising test. There was a history of frequent falls. The urine drug screen on 2/20/2014 was positive for cocaine that of 5/22/2014 was consistent. The medications are Neurontin, Oxycodone and Monarch cream for pain. A Utilization Review determination was rendered on 9/23/2014 recommending non-certification for Oxycodone 30mg, maximum 10/day # 300. A Utilization Review determination was rendered on 9/23/2014 recommending non certification for oxycodone 30mg maximum 10/day # 300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, 1 to 2 tablets every 3-4 hours as needed, max dose 10 in a day, quantity 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 86 & 87 of 127 and page 92 of 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) guidelines recommend that opioids can be utilized for the treatment of chronic pain. The chronic use of high dose opioids is associated with the development of tolerance, hyperalgesia, dependency, sedation, addiction and adverse interaction with other sedative medications. The records indicate that the patient exhibited aberrant behavior by the presence of cocaine in the urine drug screening. There is a history of frequent falls which may be related to the physical deficits and high dose opioid use. The guidelines recommend that patients on high dose opioids who have co-existing psychiatric disorder be referred to multidisciplinary pain clinics or addiction specialists for safe weaning. Based on the guidelines, this request does not meet the criteria; therefore, is considered not medically necessary.