

Case Number:	CM14-0175762		
Date Assigned:	10/28/2014	Date of Injury:	06/10/2011
Decision Date:	12/05/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 44-year-old male who reported an injury on 06/10/2011 due to an unknown mechanism. Diagnoses were allergy, unspecified not elsewhere classified, arthritis, depression, and GERD. The injured worker had an MRI of the lumbar spine that revealed evidence of scar tissue about the L5 left nerve root and S1 nerve root. Moderate stenosis was noted with neural foraminal narrowing at the L5-S1. There was no surgical history noted. Physical examination dated 10/13/2014, revealed that the injured worker continued to have low back pain with occasional pain that radiated into bilateral lower extremities, left worse than the right. The injured worker stated that his pain was worse at night and occurred approximately 2 to 3 times a week. He restated he continued to have thoracic and lumbar pain. The injured worker continued with an ED to use approximately 4 to 5 oxycodone 10 mg a day. He has also been taking Mobic 7.5 mg twice a day. He reported he had noticed some improvement in terms of the muscular pain with the addition of this medication. Examination revealed there was a reduction in lumbar flexion to approximately 6 inches below the knees with some stiffness and pain reported in the lumbar area. There was also pain with lumbar extension beyond 10 degrees with some facet loading. Muscle strength was 5/5 and 2+ patellar reflexes and 1+ Achilles reflexes, which were bilateral. It was reported that the injured worker did not display any aberrant behaviors. It was reported the injured worker does have a history of depression and has been seeking therapy to help this. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tab 10mg quantity 150: 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 Ongoing Management Page(s): 78.

Decision rationale: The decision for Oxycodone tab 10mg quantity 150 is not medically necessary. The California Medical Treatment Utilization Schedule states for ongoing management of an opioid medication, there are 4 domains that 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 nonadherent) 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. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The 4 A's for ongoing management of an opioid medication were not documented. There was no documentation of pain relief, side effects, physical and psychosocial functioning. In addition, the request does not indicate a frequency for the medication. There is a lack of documentation of an assessment of the injured worker's pain level. Therefore, the request is not medically necessary.