

Case Number:	CM14-0176577		
Date Assigned:	10/30/2014	Date of Injury:	02/11/1999
Decision Date:	12/05/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/25/2014

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 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 2/11/1999. Per progress note dated 8/14/2014, the injured worker hopes to wean down and off his pain medications after radiofrequency ablation procedures so he can adopt his grandson. He previously stated that he had 90-100% pain relief of his right side neck pain and left low back pain with facet injections performed 5/2014 for two weeks. He states he was able to wean down on his Oxycodone 15 mg max 6 per day to 2-3 per day during this period of time but states having to return to his normal dosing as the pain has returned. He also states noticing that his left neck is hurting more after getting relief on the right side. He states that with the left L3-S1 facet injection he was able to walk more upright without pain. He states no significant pain relief with right C4-7 medial branch nerve block and left L3-S1 medial branch nerve block performed in 7/2014. His pain today is 7-10/10, which he attributes to his worsening pain, especially in the left elbow. He states needing his Oxycodone 15 mg at 30 mg doses for better pain relief of his breakthrough pain. He is currently being treated by his primary care provider for depression and anxiety due to his industrial injury. He states he has continued benefit with use of his pain medications, which reduce his pain 30-50%. He states with continued use of these medications he is able to care for his young adopted son and perform light household chores. Significant examination findings include BMI is 32.8. There is no evidence of overmedication, sedation, or withdrawal. He has decreased range of motion of his back. There is left L3-S1 facet tenderness. There is pain with rotation, flexion and hyperextension. Diagnoses include 1) hip joint pain 2) lower leg pain 3) lumbosacral spine sprain 4) thoracic degenerative disc disease 5) lumbar degenerative disc disease 6) lumbar facet arthropathy 7) cervical spinal stenosis 8) lumbar spinal stenosis 9) sciatica 10) thoracic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: Upheld

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

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 injured worker has been treated chronically with opioid pain medications, and reports his pain at 7-10/10 with no functional objective functional improvement. This dosing of Oxycodone is a total daily dose of 180 mg Morphine Equivalent Dose (MED), which exceeds the 120 mg/day MED ceiling recommended by the MTUS Guidelines. The injured worker had reported being able to reduce his Oxycodone use, in 5/2014 after a procedure, but has returned to this high level of opioid use again. 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 30mg #120 is determined to not be medically necessary.