

Case Number:	CM14-0021610		
Date Assigned:	05/05/2014	Date of Injury:	10/02/2001
Decision Date:	07/09/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/20/2014

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 Internal 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:

The patient is a 42 year old male who was injured on 10/02/2001 from an apparent fall. He states that he was painting and fell down some stairs. Prior treatment history has included a shoulder injection and spinal cord stimulator implant. Conservative therapy had failed. He underwent hardware removal in January of 2010 and had an extension of the fusion in July of 2010. A Progress report dated 01/14/2014 documented the patient was post spinal cord stimulator implant, and this has been successful, so further narcotic reduction is indicated. Currently, he makes 4 weeks' worth of medications last for 6 weeks. He is slowly weaning. Please note that over the last year he has significantly reduced his narcotic use. He discontinued OxyContin 80mg. He may take oxycodone 30mg, 1-2 tablets every 6 hours, PRN pain. This will be reduced as possible, however due to the complaint of lower thoracic spine pain this will be deferred until next month. The next weaning is planned as a reduction to oxycodone 30mg, 1 tablet every 6 hours, PRN pain. Further reductions will be addressed after this period of weaning. The patient rates the intensity of his pain as 5/10. Objective findings on examination of the thoracic spine reveal he has improved lower thoracic pain as well as tenderness around the generator. The unit is currently working. Alignment and curvature are grossly normal. The bilateral T10-11 and T11-12 facet joints are tender. There is also tenderness below the battery. Patient states that the unit is working well. Coverage of pain corresponding to the left L5 and S1 dermatomes with the implanted dorsal column stimulator. DTRs are at the bilateral patellar and Achilles tendons. Pathologic reflexes are absent. Motor strength is 5/5 globally throughout the bilateral lower extremities. Peripheral pulses are intact and symmetrical.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR OXYCODONE 30MG, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-92.

Decision rationale: As per CA MTUS guidelines, Oxycodone is indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Guidelines further indicate that, "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 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)." In this case, records review indicates that this patient has chronic lower back and left shoulder pain and has been prescribed Oxycodone chronically. There is documentation of ongoing monitoring with the use of urine drug screening. However, there is no evidence of pain relief and objective functional improvement with the use of this medication. The patient still reports significant pain with sleeping difficulties secondary to chronic pain. Also, there is documentation that this patient has been intolerant to opioid medication in the past. The progress report dated 01/14/2014 indicates successful spinal cord stimulator with reduction in narcotic indicated. The weaning process was initiated. It appears that there has been enough time passed to wean off this medication and continued use of Oxycodone is not medically necessary and appropriate.