

Case Number:	CM14-0023040		
Date Assigned:	05/14/2014	Date of Injury:	08/28/2001
Decision Date:	08/04/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/24/2014

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 Management and is licensed to practice in Tennessee. 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:

This is a 52-year-old male with a date of injury of 8/28/01. On 1/17/14, he complained of continued low back pain. His medications helped, but he is not doing as well as when he used the fentanyl patch. Objective findings: thoracic and lumbar palpations were tender bilaterally with restricted range of motion. The diagnostic impression is lumbago, low back pain, sciatica, and chronic pain medication use. Treatment to date: surgery, medication management. A utilization review decision dated, 2/3/14, denied the retrospective request for oxycodone. The long-term use of opioids for chronic pain is not supported by guidelines. It was unclear what specific overall functionality had been achieved with this medication, and unclear whether the patient's pain coping skills were addressed and why opioid weaning was not in the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR OXYCODONE 30MG #180, WITH NO REFILLS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
Page(s): 78 - 81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was no documentation of functional improvement or continued analgesia with the use of opiates. There was no documentation of lack of adverse side effects or aberrant behavior. There was no documentation of an opiate pain contract provided or CURES Report provided. In addition, it was unclear why the patient was not weaned off the oxycodone and fentanyl patch prescribed on 11/22/13, and prescribed methadone and Darvocet. In addition, the date of the retrospective request for oxycodone was not specified. Therefore, the retrospective request for oxycodone 30mg #180, with no refills was not medically necessary.