MAXIMUS Federal Services

Case Number:	CM14-0023247		
Date Assigned:	05/14/2014	Date of Injury:	06/02/1993
Decision Date:	07/29/2014	UR Denial Date:	02/05/2014
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 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:

There are complaints of ongoing back, knee, ankle, right wrist, right shoulder, neck, and upper extremity pain.The 1/21/14 note described 8/10 neck pain, mostly on the left and 6/10 low back pain. The patient has difficulty with ambulation, and utilizes a walker. He has extreme difficulty using a manual scooter. Clinically, there was a mildly antalgic gait, limited range of motion in cervical lumbar spine, diminished sensation, and slight weakness. Straight leg raising was equivocal. Diagnoses include cervical degenerative disc disease with stenosis, multilevel lumbar degenerative disc disease with radiculopathy, severe lumbar stenosis, lumbar spondylolisthesis with L5 spondylosis, and status post right total knee replacement (2/29/12).The current medications include Elavil, Lidoderm patch, Lyrica, oxycodone IR, and OxyContin. A CURES report from 12/20/13 was referenced and was noted that Percocet was filled on 12/7/13 and Oxycodone on 12/10/13 by [redacted] canceled all prescriptions except for Lyrica. It was noted that the patient had an adequate amount of OxyContin to avoid withdrawal. The 1/30/14 progress note documented that the patient is being seen by a pain management specialist, who is prescribing lidocaine patches and OxyContin. No medications were prescribed on that day. On 3/10/14 the pain management evaluation and documented medications would be managed and optimized, if requested by the primary care physician (PCP).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner, 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. Per recent CURES report, there is more than one opioid prescribing physician. There remains little discussion regarding continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. As there were inconsistencies on the CURES report, the request for opioids was canceled. Withdrawal was not a concern, due to the patient having an adequate amount of medication, to avoid withdrawal. The request for oxycodone remains and substantiated. The request for oxycodone IR 15 mg #30 is not medically necessary.