

Case Number:	CM14-0024001		
Date Assigned:	02/28/2014	Date of Injury:	03/15/2011
Decision Date:	07/28/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 45-year-old male who has submitted a claim for status post anterior lumbosacral fusion at L5-S1 with non-union and pars fracture with left lower extremity radiculopathy, status post posterior fusion L5-S1, and lumbosacral sprain/strain associated with an industrial injury date of March 15, 2011. The medical records from 2012 through 2014 were reviewed, which showed that the patient complained of persistent low back pain with radiation down to both lower extremities and accompanied by numbness and tingling. The physical examination revealed tenderness over the lumbar paraspinous muscles with spasms, and lumbar spine range of motion limitation. The muscle strength testing was 5/5 for both lower extremities. The straight leg raise test was negative. Treatment to date has included home exercises, physical therapy, anterior lumbar interbody fusion L5-S1, lumbar laminectomy, L5-S1 with posterior lumbar fusion of L5-S1 with pedicle screws and instrumentation (10/10/13), and medications, which include Duragesic patches, Naproxen, Neurontin, Terocin patches, Soma 350 mg, Norco, Tramadol 150 mg ER and Oxycodone 300 mg.

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 : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 74-95 Page(s): 74-95.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Opioids chapter, pages 78-81.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. The CA MTUS guidelines recommend that dosing should not exceed 120 mg oral morphine equivalents per day and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine cumulative dose. In this case, the patient has been on opioids since 2011. The progress report dated 1/21/14 indicated that the patient's current medication includes Oxycodone 30 mg 4 times per day and Soma 350 mg 2 times per day. The status of other opioid medications is not clear as the patient was prescribed Tramadol on 12/24/13. Specific measures of analgesia, objective improvement and functional improvements, such as improvements in activities of daily living were not documented in the most recent progress report. A recent toxicology report is not included in the records for review but the patient has had toxicology screenings that were negative during three separate visits (5/8/13, 6/4/13, 7/3/13), indicating non-compliance with medications. The guidelines also state that prescriptions for opioids should come from a single practitioner however the patient is receiving opioids from multiple providers. Additional information is needed as guidelines require clear and concise documentation for ongoing management. Therefore, the request for Oxycodone 30 mg # 120 is not medically necessary.