

Case Number:	CM14-0032260		
Date Assigned:	04/09/2014	Date of Injury:	10/21/2002
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 36-year-old male with a 10/21/02 date of injury and status post L5-S1 fusion with hardware removal. At the time (1/16/14) of request for authorization for Oxycodone 15mg, #90 to allow the patient 2 refills for the purpose of weaning combined med to below 120, with a reduction of med by 10% per month over weaning period of 2-3 months, there is documentation of subjective (low back pain) and objective (restricted lumbar range of motion, tenderness to palpation over the bilateral L1-L3 facet joints, positive lumbar facet joint provocative maneuvers, and decreased strength of the right extensor hallucis longus and right gastrocnemius muscles) findings, current diagnoses (aggravated low back pain and status post L5-S1 fusion with failed back syndrome), and treatment to date (lumbar fusion with hardware removal, facet injections, spinal cord stimulator trial, and medications (Kadian and Oxycodone since at least 5/16/13). There is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15MG, #90 TO ALLOW THE PATIENT 2 REFILLS FOR THE PURPOSE OF WEANING COMBINED MED TO BELOW 120, WITH A REDUCTION OF MED BY 10% PER MONTH OVER WEANING PERIOD OF 2-3 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone, California Code of Regulations Page(s): 74-80; 92.

Decision rationale: The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycodone. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycodone. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of aggravated low back pain and status post L5-S1 fusion with failed back syndrome. However, despite documentation of low back pain, there is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of ongoing treatment with Oxycodone since at least 5/16/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Oxycodone. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 15mg, #90 to allow the patient 2 refills for the purpose of weaning combined med to below 120, with a reduction of med by 10% per month over weaning period of 2-3 months is not medically necessary.