

Case Number:	CM14-0038305		
Date Assigned:	06/25/2014	Date of Injury:	08/07/2003
Decision Date:	10/08/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/01/2014

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 male, age unknown, with a 8/7/2003 date of injury. The patient was most recently seen on 5/28/2014 with a presentation of decreased low back pain, with a pain level of 2/10 while on OxyContin 20mg q12 and oxycodone 15mg QID PRN. It was noted that previous attempts on decreasing OxyContin 20mg and Roxicodone 15mg led to withdrawal symptoms, increased low back pain, and decreased ability to perform activities of daily living (i.e. ability to walk from 10 blocks to 1 block, standing from 60 minutes to 15 minutes, and working time on computer from 120 minutes to 30 minutes). The exam revealed slightly antalgic gait, a negative bilateral Patrick's test while flexion and internal rotation of the bilateral hips caused increased piriformis pain, prominent thoracolumbar paravertebral myofascial spasm and tenderness, moderate bilateral ilio-lumbar ligament tenderness, marked bilateral piriformis myofascial spasm, and a negative straight leg raise test. The range of motion of the lumbar spine was limited to 35 degrees in flexion, 12 degrees in extension, and 10 degrees in lateral bending (left/right), with all limitations due to increased low back pain. The progress note states that a narcotic agreement is in place, prescriptions are all from a single practitioner, and are taken as directed. No aberrant drug-related behaviors were noted to be present, and the urine drug screen dated 3/4/14 was noted to be negative for drugs of abuse. The patient's diagnoses included right S1 radiculopathy, lumbosacral spondylosis without myelopathy, myofascial pain syndrome bilateral thoracolumbar paravertebral muscles, bilateral piriformis syndrome with bilateral sciatic neuropathy, and hypogonadism due to chronic opiate analgesic medications. The patient's medications included OxyContin 20mg q12, Oxycodone 15mg QID PRN, and AndroGel 1.6%. Of note, the progress report dated 5/14/2013 indicated a pain score of 7-8/10, while the progress report dated 12/11/2013 noted a pain score of 1/10. The progress report dated 2/5/2014 noted a pain score of 5/10. The patient was on OxyContin 20mg q12 and oxycodone 15mg QID PRN during these

visits. Progress notes from 3/20/2013 to 5/28/2014 reveal the same physical exam findings as mentioned above, i.e. antalgic gait, tenderness, and limited range of motion due to pain. Treatment to date: medications, tilt table, physical therapy. An adverse determination was received on 3/12/2014 based on guidelines stating that chronic opioid pain medications should not be used to treat chronic non-malignant pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids, long-term assessment; Opioids, pain treatment agreement;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: CA 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. The progress notes indicated that the patient has been on OxyContin 20mg q12 and oxycodone 15mg QID PRN since at least March of 2013. The morphine equivalent dose is 150, which places the patient on increased risk of adverse effects, i.e. respiratory depression and death. Of note, the chronic opioid use has already caused hypogonadism in the patient. Furthermore, the patient experienced withdrawal symptoms during a previous attempt in decreasing the opiate medications, revealing an opiate dependence. In addition, there was no urine drug screen report available for review, there was only a mention of a urine drug screen dated 3/4/14 in a progress report which did not state if the patient had oxycodone in their system. The progress notes also indicated a fluctuation in pain level, ranging from 0-1/10 to 7-8/10 over the last year, while the patient has been on the same dose of opiates. There was no documentation of the patient's pain level without medications to compare to (i.e. VAS without medications). The exam findings of tenderness and limited range of motion were the same over the last year (March 2013 to May 2014). Based on the fluctuation in pain level and the lack of change in physical exam findings, it is unclear if the oxycodone 15mg QID PRN benefitted the patient in regards to his pain level and functional gains. There was also no documentation of how many oxycodone pills the patient required for pain management. Therefore, the request for oxycodone 15mg, #120 was not medically necessary.