

Case Number:	CM14-0038366		
Date Assigned:	06/25/2014	Date of Injury:	03/04/2008
Decision Date:	08/18/2014	UR Denial Date:	03/19/2014
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 Internal Medicine and, has a subspecialty in Pulmonary Disease 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 injured worker is a 62-year-old male who reported falling off the back of a truck on 03/04/2008. He reported injuring his right shoulder, neck, back, right leg, right wrist, and both knees. On 12/06/2013, he was diagnosed with chronic right shoulder pain and chronic low back pain. His medications included oxycodone 30 mg. On 01/07/2014, his diagnoses and medications were unchanged. On 05/28/2008, he completed his 13th chiropractic treatment and reported temporary relief therefrom. He also completed 12 sessions of physical therapy, the results of which were not included in the documentation. On 11/16/2010, he underwent a right knee arthroscopic chondroplasty of the lateral tibia and resection of the medial plica. He participated in an unknown number of postsurgical physical therapy sessions. At that time, his medications included OxyContin 10 mg, ibuprofen 800 mg, and Neurontin 300 mg. There was no Request for Authorization or rationale included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids Page(s): 74-92.

Decision rationale: The request for oxycodone 30 mg #180 is not medically necessary. The California MTUS Guidelines attest that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Ongoing review consists of documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of functioning, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. Opioids should be continued if an injured worker has returned to work or if the injured worker has improved functioning and decreased pain. Opioids have been suggested for neuropathic pain that has not responded to first line recommendations (antidepressants and anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for the treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern for the use of opioids for chronic pain is that most randomized control trials had been limited to a short-term period (less than 70 days). Long-term use may result in immunological and endocrine problems. There was no documentation in the submitted chart to attest to appropriate long-term monitoring, evaluations (including psychosocial assessments, side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants), quantified efficacy, drug screens, or collateral contacts. Additionally, there was no frequency specified in the request. Therefore, this request for oxycodone 30 mg #180 is not medically necessary.