MAXIMUS Federal Services

Case Number:	CM14-0040364		
Date Assigned:	06/27/2014	Date of Injury:	08/17/2006
Decision Date:	08/21/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 08/17/2005. The mechanism of injury was reported as falling off a ladder. The diagnoses included left lower extremity radiculopathy and status post L4-5 and L5-S1 fusion. Prior therapies included surgery, a spinal cord stimulator, medications, physical therapy, and injections. Per the 01/27/2014 progress report, the injured worker was pending treatment in an inpatient detoxification center. The injured worker reported pain rated 4/10 to 5/10 with medication and 10/10 without medication. The injured worker noted approximately 50% to 60% improvement in symptoms with improvement in function. Physical exam findings included moderate bilateral lumbar paraspinous tenderness and hyperesthesia in the left L5 dermatome. The injured worker's medications included Methadone 5 mg, Oxycodone IR 5 mg, Lyrica 75 mg, and Naproxen 500 mg. The provider requested authorization for the injured worker to continue his medications until he received authorization to enter the inpatient detox program. The request for authorization form was submitted on 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 5 Mg Q 6 Hr PM Moderate to Sever Breakthrough Pain #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of Medications Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Oxycodone IR 5 mg #120 is not medically necessary. The California MTUS Guidelines state opioid management should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. The medical records provided indicate an ongoing prescription for Oxycodone IR since at least 10/08/2013. The injured worker had been authorized to proceed with an inpatient detox and was pending scheduling. The injured worker reported that his spinal cord stimulator was adequately covering his lower extremity pain. A urine drug screen performed on 01/27/2014 was noted to be consistent. The Guidelines state the injured worker should be started on a slow weaning schedule if a decision is made by the physician to terminate prescribing of opioids. Given the injured worker's plan to enter an inpatient detoxification center, the request continued use of Oxycodone IR is not supported. As such, the request for Oxycodone IR 5 #120 is not medically necessary and appropriate.