

Case Number:	CM14-0041220		
Date Assigned:	06/30/2014	Date of Injury:	10/05/2007
Decision Date:	08/18/2014	UR Denial Date:	03/18/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 sustained an injury on 10/05/07. No specific mechanism of injury was noted. The injured worker had prior lumbar fusion followed by ongoing chronic low back pain. The injured worker was seen for comorbid psychological conditions and pain management. The injured worker was prescribed oxycodone 30mg every three to four hours for pain up to seven per day and benzodiazepines. Clinical record dated 03/04/14 indicated that without medications the injured worker would be bedridden. Medications allowed the injured worker to be functional with activities of daily living. There was no indication the injured worker had returned to work. Pain scores were 7/10 on the visual analogue scale (VAS) with medications and uncontrolled without. Physical examination noted tenderness to palpation in the lumbar spine with limited lumbar range of motion. Straight leg raise was positive bilaterally. No spasms were identified however; there was evidence of decreased sensation in bilateral lower extremities. The injured worker was recommended to continue with oxycodone at the current prescribed rate. Per the record, there was no evidence of any aberrant medication behavior or abuse. The injured worker had positive urine drug screen testing and was under a pain contract. Follow up on 04/01/14 noted no change in pain scores noted slight improvement in pain scores at 4/10 on VAS with medications. The injured worker was recommended to continue utilizing oxycodone 30mg at the prescribed rate of seven per day. The requested oxycodone 30mg #210 without refills was denied by utilization review on 03/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg 1 tab Q304hrs prn pain (up to 7/day) #210 with no refills: 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 Opioids (Criteria for Use) Page(s): 88-89.

Decision rationale: Oxycodone 30mg quantity 210 with no refills is not medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The injured worker utilized a substantial amount of narcotic medications at 315 MED per day. This far exceeds the guideline maximum set at 100mg MED per day. There is no clear functional benefit obtained with the continued use of this amount of narcotic medications as the injured worker was reported to be able to perform activities of daily living but had not returned to work. There was some improvement in VAS pain scores however, this was limited as pain scores were 7/10 on VAS as compared to 10/10 without medications. Given the amount of narcotics being requested it is unclear whether the injured worker has not been considered for conversion over to a long acting narcotic that would overall reduce the amount of narcotics being utilized on a daily basis. There is no clinical documentation of any weaning attempts for this injured worker. Given the lack of indications for continuing use of narcotics, this request is not medically necessary.