

Case Number:	CM14-0044369		
Date Assigned:	07/02/2014	Date of Injury:	11/01/2000
Decision Date:	08/22/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational Medicine 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:

This is a 58-year-old male with an 11/1/00 date of injury. The mechanism of injury was not stated in the submitted records. According to a 12/30/13 progress note, the patient complained of left-sided lumbar back pain symptoms radiating into the left lower limb in a radiculopathic pattern. Objective findings: lumbar ranges of motion were restricted by pain in all directions; lumbar discogenic provocative maneuvers were positive, nerve root tension signs were negative bilaterally, decreased sensation of the left L4 and left L5 dermatomes. The diagnostic impression included status post L5-S1 fusion, left L5 and S1 radiculopathies, lumbar internal disc disruption syndrome, left foraminal disc protrusion at L3-L4, L5-S1, foraminal disc protrusion at L2-L3, disc protrusion at L4-L5, lumbar degenerative disc disease, hypertension, asthma. The patient's treatment to date includes medication management and activity modification. A UR decision dated 4/7/14 denied the request for Oxycodone. Per MTUS, ongoing management with opioids requires evidence of pain relief, functional gain, and appropriate medication use in the absence of side effect or aberrant drug-taking behaviors. Discrepancy was noted regarding the prior urine drug screen as this was also positive for cannabis.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of Oxycodone 10mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: The California 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. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, a urine drug screen dated 1/5/14 came up positive for cannabis use, showing aberrant behavior. Additionally, it is documented in a 10/9/13 progress report that the patient is also taking Norco and Percocet, prescribed by other physicians, for breakthrough pain. There is no rationale provided as to why the patient is taking three different short-acting opioid medications, and is excessive. Furthermore, this is a request for a 4-month supply of Oxycodone, which is excessive. No rationale has been provided as to why the patient would require a 4-month supply of this medication at this time. Therefore, the request for 120 Tablets of Oxycodone 10mg with 3 refills was not medically necessary.