

Case Number:	CM14-0049603		
Date Assigned:	07/07/2014	Date of Injury:	01/31/2011
Decision Date:	08/28/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/17/2014

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 48-year-old male with a 1/31/11 date of injury. The mechanism of injury occurred when the patient was removing an air conditioning unit, at which time the patient developed a sudden onset of back pain. According to a 2/27/14 progress note, the patient continue to have numbness and tingling to his lower extremities bilaterally. Medications continue to be beneficial and allow him to exercise on a regular basis, get out of the home, and carry out activities of daily living. He stated his current medications bring his pain level down from a 10/10 to a 5/10. Objective findings: significant tenderness to lumbar paraspinal muscles. He continued to have bilateral positive leg lifts with decreased ROM which significant in all plates at the wrist. Diagnostic impression: S/P L4 through S1 anterior discectomy and fusion on 1/25/13, EMG of the lower extremities normal, chronic myofascial pain of the lumbar spine. Treatment to date: medication management, activity modification, physical therapy. A utilization review decision dated 4/5/14 modified the request for Oxycodone from 210 tablets to 105 tablets for weaning purposes. The documentation submitted indicates that the patient currently receives benefit from the medication regimen as prescribed. The notes indicate that the patient has improvement in the ability to undertake activities of daily living, and effective analgesia with no known side effects or indication of aberrant drug-related behaviors. However, the current dosage of Oxycodone and Duragesic dosage is at 270 and exceeds guideline recommendations of 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL Tablety USP 20mg #210 (1 every 3 hours, 7 per day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs)Antispasticity drugsOpioids Page(s): 18; 66; 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. According to the progress notes reviewed, the patient's medications provide significant pain reduction and improved activities of daily living. However, it is documented that the patient has also been utilizing Duragesic patch 25 mcg every 3 days. However, the combination of Duragesic patch 25 mcg and Oxycodone puts the patient's dosage at 270, which exceed guideline recommendations of 200. High dosage can increase the risk of adverse effects, such as sedation. Therefore, the request for Oxycodone HCL Tablety USP 20mg #210 (1 every 3 hours, 7 per day) was not medically necessary.