

Case Number:	CM14-0049796		
Date Assigned:	07/07/2014	Date of Injury:	08/31/2001
Decision Date:	08/25/2014	UR Denial Date:	03/20/2014
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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 08/31/2001. The mechanism of injury was not provided with the documentation submitted for review. The injured worker's diagnoses were noted to be chronic intractable pain syndrome and failed back surgery. An examination on 03/13/2014 finds the injured worker with complaints of shoulder, low back, and leg pain. Pain level with medication is reported to be a 6/10 to 7/10. Pain level without medication is a 10/10. The injured worker notes medications provide pain relief. The objective findings were noted to be blood pressure remains increased, and the injured worker can't bend down to his knees. The injured worker is walking without a cane today. Relevant medications were noted to be Percocet, Zofran, Lyrica, Azor, OxyContin, Xanax, and Soma. The treatment plan was to refill Percocet, Zofran, Lyrica, Azor, OxyContin, Xanax, Soma, and continue with walking. The provider's rationale was provided within the treatment plan in the clinical evaluation dated 03/13/2014. The Request for Authorization for medical treatment was provided and dated 03/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 80 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation product information-Purdue Pharma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Oxycodone 80 mg #180 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide the framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker had a clinical evaluation on 03/14/2014. In the documentation there is an inadequate pain assessment. Side effects were not addressed, urine drug screen was not scheduled, and efficacy of the opioid was not noted; in addition, it is not noted that functional status has improved. The provider's request fails to provide a frequency. Therefore, the request for Oxycodone 80 mg #180 is not medically necessary.