

Case Number:	CM14-0060819		
Date Assigned:	07/09/2014	Date of Injury:	10/30/2013
Decision Date:	09/15/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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 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:

The injured worker is 41-year-old male smoker who reported an injury due to pulling a heavy load on 10/30/2013. On 04/10/2014, his diagnoses included lumbar disc degeneration, lumbar facet syndrome and lumbar radiculopathy. His complaints included increasing back pain radiating to both lower legs. He rated his pain at 7/10 to 8/10. His medications included baclofen 10 mg, ibuprofen 800 mg, Norco 10/325 mg, tramadol 50 mg, and Vicodin 5/500 mg. Since his pain was not adequately controlled with the above medications, he was started on oxycodone 20 mg. The rationale for the additional medication was stated as Norco was not controlling his pain, so oxycodone will be added to his medications. On 05/08/2014, it was noted that his medication provided effective pain relief. The medications allowed him to experience less pain and become more active from day to day performing activities of daily living, which improved his quality of life. He had previously rated his pain level at 10/10, and after taking the oxycodone, he rated it at 5/10. The oxycodone enabled him to walk better and he had lost a few pounds, due to the fact that he was able to exercise. A Request for Authorization dated 05/18/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: This request for oxycodone HCL 20 mg is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic back pain, opioids appear to be efficacious, but limited to short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including psychosocial assessment, side effects, aspirin, antidepressants or anticonvulsants, drug screens or collateral contacts. Additionally, there was no frequency specified in the request. Since this worker is taking more than 1 opioid medication, without the frequency, morphine equivalency dosage cannot be calculated. Therefore, this request for oxycodone HCL 20 mg is non-certified.