

Case Number:	CM14-0067107		
Date Assigned:	07/11/2014	Date of Injury:	12/10/1987
Decision Date:	09/16/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/12/2014

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 Management and is licensed to practice in Tennessee. 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 51year-old-female with a 12/10/87 date of injury; the mechanism of the injury was not described. The patient underwent lumbar laminectomy. The utilization review report dated 11/26/13 stated that Oxycodone 15mg #120 was modified and certified for 1 month to continue tapering. It was noted that the treating physician reported that he was slowly weaning the patient's dose from one tablet every 4 hours to one tablet every 6 hours. The patient was seen on 12/9/13 for the follow up visit. Her pain level remained unchanged since her last visit and she complained of poor sleep quality. The patient stated that her activity level remained the same and the medications were working well. She was taking Oxycodone 15mg 1-4 tablets a day. The physical exam revealed tenderness to palpation and restricted range of motion in the lumbosacral area. The patient was seen on 4/10/14 with complaints of low back pain. The patient's current medications included Amitiza, Flexeril, Oxycodone, OxyContin and Silenor. The patient reported that with continued use of the medications she was able to manage her pain at more tolerable level and was able to complete her activities of daily living (ADL's) independently. Exam findings revealed tenderness to palpation and spasm in the paravertebral muscles and decreased range of motion in the lumbar spine. Faber test was positive and the patient was not able to heel and toe walk due to pain. The diagnosis is status post lumbar laminectomy, spinal lumbar disc degenerative disease, lumbar radiculopathy, sacroiliac pain and low back pain. Treatment to date: SI joint injections, lumbar laminectomy and medications. An adverse determination was received on 4/24/14. The request for Oxycodone HCl 15mg was denied due to a lack of documentation of measurable pain relief (VAS scores) or recent urine drug screen test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCl 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates 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. The progress notes indicated that the patient was taking Oxycodone at least from 11/26/13. The progress note dated 4/10/14 stated that with the opioid use the patient was able to manage her pain at a more tolerable level and was able to complete her activities of daily living (ADL's) independently. However, there was a lack of documentation indicating the patient's measurable pain relief on visual analog score (VAS). Also the urine drug screen test was not available for the review. In addition the UR report dated 11/26/13 recommended weaning off Oxycodone. Therefore, the request for Oxycodone HCl 15mg was not medically necessary.