

Case Number:	CM14-0067778		
Date Assigned:	09/10/2014	Date of Injury:	11/08/1998
Decision Date:	10/03/2014	UR Denial Date:	04/29/2014
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 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:

According to the records made available for review, this is a 62-year-old male with an 11/8/98 date of injury. At the time (4/21/14) of the request for authorization for Oxycodone HCL 30mg #180 and Oxycontin 80mg #90, there is documentation of subjective (back pain and neck pain) and objective (tenderness, thoracic mobility is decreased, lumbar mobility is decreased, spine is positive for posterior tenderness, cervical palpation reveals bilateral tenderness from C3 to C7, lumbar palpation reveals bilateral tenderness from L2 to S1, moderate pain with motion) findings, current diagnoses (degenerative disc disease lumbar, COAT, myalgia and myositis unspecified, spondylosis lumbar without myelopathy, neck pain, and degenerative disc disease cervical), and treatment to date (medication including Oxycodone and Oxycontin for at least 4 months). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Oxycodone and Oxycontin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Opioid Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease lumbar, COAT, myalgia and myositis unspecified, spondylosis lumbar without myelopathy, neck pain, and degenerative disc disease cervical. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; or that there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Oxycodone for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone HCL 30mg #180 is not medically necessary.

Oxycontin 80mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Opioid Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease lumbar, COAT, myalgia and myositis

unspecified, spondylosis lumbar without myelopathy, neck pain, and degenerative disc disease cervical. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; or that there will be ongoing review and documentation of functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Oxycontin for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 80mg #90 is not medically necessary.