

Case Number:	CM14-0068841		
Date Assigned:	07/14/2014	Date of Injury:	11/29/2011
Decision Date:	09/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/13/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 50-year-old man who had a date of injury on November 29, 2011. He was on the job as a Time-share salesman, when an associate grabbed his arm causing him to fall on his back and to hit his head on a metal cabinet undergoing a loss of consciousness. This was superimposed on and a preexisting remote back injury for which he had an L4-5 discectomy in 2006. He used a cane for stability and required pain medications; however, he was not having the degree of pain that he currently suffers with and he had not been told he would need another surgery. Now, he has severe lower back pain with bilateral lower extremity pain, numbness and burning (presumably radiculopathy). Additionally he suffers from headaches that can be severe. Now, an MRI (dated March 17, 2014) of the lumbar spine reveals multilevel severe spinal stenosis. Fortunately an electromyography/nerve conduction velocity (EMG/NCV) study was read as normal September 17, 2013. He additionally had a cervical MRI (March 11, 2014) which showed mild bulging of 2 discs. The patient has had discussions with a neurosurgeon and an orthopedic surgeon regarding the possibility of laminectomies and fusion versus just doing decompressions. Because of the risk of a fusion and because the MRI does not show instability, there is general agreement that decompressed laminectomies L1-S1, is the better way to approach his spinal disease. This was previously authorized; it is unclear why this has not been done as of this date. The patient has failed conservative treatments with physical therapy, acupuncture, and epidural injections. Medications include oxycodone 30 mg 2 tablets 4 times a day, Norco 10/325 mg 4 times a day when necessary, Celebrex, Xanax, Adderall, Soma, and Imitrex when necessary. There has been no aberrant behavior, no drug-seeking. He has agreed to the terms narcotic management. He has undergone several urine toxicology tests that were all appropriate. He is a nonsmoker, nondrinker, and does not use illicit drugs. There are reports that the medications help him to function. Without his opiates he is unable to get out of the

wheelchair, with the opiates he is able to do more activities. He has not returned to work after being laid off 5 weeks after his November 2011 injury. The patient sees multiple physicians including an anesthesiologist/pain specialist and a psychiatrist both who prescribe different portions of his medication regimen. The purpose of this case is to reconsider the appropriateness and ultimate denial of oxycodone 30 mg, quantity 240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg 240 tabs: Overturned

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 Pain Interventions & Treatments, Criteria for Use of Opioids, On-Going Management Page(s): 78, 79, 89.

Decision rationale: The MTUS addresses the Criteria for both initiating Opioids and for ongoing maintenance with Opioids. It specifically states that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Furthermore, there are 4 A's for ongoing monitoring: 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 a framework for documentation of the clinical use of these controlled drugs. Under the Strategy for maintenance discussion, the MTUS specifically states "do not attempt to lower the dose if it is working". The MTUS discusses the importance of using the smallest dosages that offer benefit. This patient has been on the opiates long-term and has been worked up on the doses of the opiates in an effort to obtain pain relief. It is important to follow through with the recommendation for decompression surgery as it could reduce some of the pain, particularly the radiculopathy. That potentially could provide more pain relief than pushing the opiate dosing. After surgery, it is recommended that the patient undergo some degree of weaning because he is taking high dosing. Getting to a smaller dosage will not mean sacrificing pain relief; rather it means there is a new set point for the amount of opiate needed to provide benefit. This patient meets the criteria for being maintained on an opiate. He has appropriately been tried on a number of conservative treatments, and has been treated by experts who deal with chronic pain. There have been no concerns about any misuse or side effects and he has been closely followed by his physicians. Therefore, Oxycodone 30mg 240 tabs is medically necessary and appropriate.