MAXIMUS Federal Services

Case Number:	CM14-0070234		
Date Assigned:	07/14/2014	Date of Injury:	05/11/2012
Decision Date:	09/11/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/15/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 51 year old male with a work injury dated 5/11/12. The diagnoses include lumbosacral disc degeneration, status post laminectomy/discectomy L5-S1 on January 2013 rule out herniated lumbar disc, segmental instability; and status post anterior cervical decompression fusion at C5/C6 and C6/7 December 2012 with radiculitis/radiculopathy. Under consideration is a request for retrospective usage of Oxycodone / APAP 10/325 mg (DOS [date of service] 4/19/2014) and prospective usage of Oxycodone / APAP 10/325 mg.Per documentation a billing form dated 04/19/14 reveals dispensed Oxycodone/AP AP 10-325mg. There is a primary treating physician report dated 5/16/14 that states on April 31, 2014, while working the injured worker states he bent over and his back locked up. He reported the injury to his employer. He was sent to the emergency room and he was prescribed medication and told to see his primary doctor. On examination lumbar spine range of motion: Flexion 50, Extension 20, Lateral Bending right 20, left 20. Straight leg raises +75 right, +75 left. There is tightness and spasm in the lumbar paraspinal musculature noted bilaterally. There is hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S 1 dermatome level, bilaterally. There is weakness with big toe dorsi flexion and picked to plantar flexion, bilaterally. Reflexes: Knees: right 2+, left 2+. Ankles: right 1 +, left 1+. The plan includes a request for lumbar spine epidural steroid injections with the facet branch blocks atL4/5 and L5/Sl for therapeutic and analgesic purposes to reduce pain and increased functional capabilities.There is a 4/4/14 progress note that states that patient complains of continued pain in the lower back radicular symptoms legs. He states that he had to go to the emergency room last week due to the severe pain and lower back. Lumbar spine range of motion flexion 45 extension 20 lateral bending right 20 Left 20, there is tightness and spasm in the lumbar paraspinal muscles. The injured worker will consider

epidurals. His medications include Norco 10/325 mg tablet #120 one every 4.6 hours for severe pain. A 2/21/14 document stated that the injured worker's medications include Oxycontin, Celebrex, Neurontin, Prednisone, and Percocet and is using some pain creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of Oxycodone / APAP 10/325 mg (DOS 4/19/2014): 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, criteria for use Page(s): 76-80.

Decision rationale: Retrospective usage of Oxycodone / APAP 10/325 mg (DOS 4/19/2014) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on injured worker's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include 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. There is no indication that the medication has improved patient's pain or functioning to a significant degree therefore, Morphine sulfate is not medically necessary. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function. The guidelines state to continue opioids if the patient has returned to work or if the patient has improved functioning and pain. The guidelines recommend documentation of current risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and the patient along with ongoing efficacy of the medication. The documentation submitted do not reveal evidence of the above findings to support continued use of opioids therefore the retrospective usage of Oxycodone / APAP 10/325 mg (DOS 4/19/2014) is not medically necessary.

Prospective usage of Oxycodone / APAP 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Prospective usage of Oxycodone / APAP 10/325 mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on injured worker's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include 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. There is no indication that the medication has improved patient's pain or functioning to a significant degree therefore, Morphine sulfate is not medically necessary. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function. The guidelines state to continue opioids if the patient has returned to work or if the patient has improved functioning and pain. The guideline recommend documentation of current risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and the patient along with ongoing efficacy of the medication. The documentation submitted do not reveal evidence of the above findings to support continued use of opioids therefore, the request for prospective usage of Oxycodone / APAP 10/325 mg is not medically necessary.