

Case Number:	CM14-0071543		
Date Assigned:	07/23/2014	Date of Injury:	10/21/2002
Decision Date:	09/09/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/16/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 36 year old male who was injured on 10/2/2002. The diagnoses are low back pain and post lumbar laminectomy and fusion syndrome. The past surgery history is significant for lumbar surgeries. Past interventional pain procedures are significant for lumbar facet blocks, lumbar rhizotomy and spinal cord stimulator implant which was ineffective. On 4/16/2014, [REDACTED] noted subjective complaints of 10/10 pain without pain medications. There was minimal increase in ADL (activities of daily living) with medications. The UDS (urodynamic testing) was reported as consistent. The patient was reported to have failed treatment with the following medications; Norco, Percocet, Fentanyl patch, methadone, Kadian and MS Contin. The patient had been utilizing Oxycodone since April, 2013. Current medications are listed as medical marijuana, Ativan, Remeron, Paxil and Cymbalta for psychosomatic symptoms, Colace / Senokot for opioid induced constipation and Flexeril for muscle spasm. A Utilization Review determination was rendered on 4/23/2014 recommending non certification for oxycodone 15mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg. 1 every 8 hours # 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): : 78,80, 81, 86,87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids can be utilized for short time treatments during exacerbation of chronic pain that did not respond to treatment with standard NSAIDs, PT and behavioral modification. Opioids can also be utilized for long term treatment when patient have failed or exhausted all treatment options. The chronic use of high dose opioids can lead to decreased analgesic response and opioid induced hyperalgesia. The concurrent use of opioids with other sedatives and psychiatric medications can lead to adverse drug interactions and complications. The records indicate that the patient has failed several high dose opioid treatments for many years. There is significant psychosomatic conditions requiring treatment with many psychiatric medications. The patient is utilizing multiple sedative medications. The criteria for the use of oxycodone 15mg #90 was not met. The MTUS guidelines recommend that multidisciplinary chronic pain programs or psychiatric addiction specialists be involved for safe weaning of patients on high dose opioids treatment. Therefore, the request is not medically necessary.