

Case Number:	CM14-0074920		
Date Assigned:	07/16/2014	Date of Injury:	05/23/2007
Decision Date:	08/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/22/2014

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 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 51-year-old female with a 5/23/07 date of injury, and status post L4-L5 fusion in September 2009. At the time (4/24/14) of request for authorization for Oxycodone 10/325mg, 120 tablets and two (2) refills, there is documentation of subjective (bilateral low back pain, right worse than left, with intermittent right posterior thigh symptoms, rated 7/10) and objective (lumbar range of motion restricted by pain in all directions, tenderness upon palpation of lumbar paraspinal muscles overlying the bilateral L5 to S1 facet joints, lumbar facet joint provocative maneuvers positive, Gaenslen's positive, Patrick's maneuver positive, tenderness at right sacral sulcus, and muscle strength 5/5 in bilateral lower extremities) findings, current diagnoses (right sacroiliac joint pain, right lumbar facet joint pain at L5-S1, lumbar facet joint arthropathy, failed back surgery syndrome, status post L4-L5 interbody fusion with pedicle screws, and lumbar degenerative disc disease), and treatment to date (medications (including ongoing treatment with Oxycodone with 60% improvement of pain and activities of daily living). 4/16/14 medical report identifies there is an up-to-date pain contract on file. There is no documentation of pain when a continuous, around-the-clock analgesic is needed for an extended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg, 120 tablets and two (2) refills: 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; Oxycodone Page(s): 74-80, 92.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycodone. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies 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 Oxycodone. The 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 diagnosis of right sacroiliac joint pain, right lumbar facet joint pain at L5-S1, lumbar facet joint arthropathy, failed back surgery syndrome, status post L4-L5 interbody fusion with pedicle screws, and lumbar degenerative disc disease. In addition, there is documentation of moderate to severe pain. Furthermore, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Moreover, given documentation of 60% improvement of pain and activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Oxycodone use to date. However, there is no documentation of pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 10/325mg, 120 tablets and two (2) refills is not medically necessary.