

Case Number:	CM14-0084705		
Date Assigned:	07/21/2014	Date of Injury:	10/26/2007
Decision Date:	09/16/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 57 year-old female with the date of injury of 10/26/2007. The patient presents with pain in her back, radiating down her right leg with intermittent cramps at night. The patient states that she cannot function without pain medication. The patient rates her pain as 7-10/10 on the pain scale, depending on the intake of medication. The patient is currently taking oxycodone, Ibuprofen, Amrix, Flexeril, and Dexilant. The patient is on social security disability. According to [REDACTED] report on 05/14/2014, diagnostic impressions are: 1) Low back pain and right radicular symptoms. History of lumbar sprain/ strain with disk herniation at L4-L5 with annular tear. There is also a disk herniation at L5-S1 with annular tear. 2) History of cervical sprain/ strain with spondylosis, stable. 3) History of bilateral carpal tunnel syndrome with carpal tunnel release, right hand with ongoing symptoms. 4) EMG, right lower extremity, revealing chronic L4-L5 radiculopathy. 5) Nonindustrial diverculitis, stable. The utilization review determination being challenged is dated on 05/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/05/2013 to 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89.

Decision rationale: The patient presents pain and weakness in her lower back and right knee. The request is for Oxycodone 10mg #120. MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. All reports provided by the treater indicate that the patient has been using Oxycodone 10 mg tabs anywhere 1-4 per day, depending on the severity of her pain. There is no indication of exactly when the patient began taking Oxycodone or how Oxycodone has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Oxycodone is not medically necessary.