

Case Number:	CM14-0096727		
Date Assigned:	07/28/2014	Date of Injury:	10/27/2003
Decision Date:	09/26/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/24/2014

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 Occupational Medicine 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:

This is a 38-year-old male with a date of injury of 10/27/03. The mechanism of injury occurred when he apparently was pulling a 500-foot cable and hurt his lower back. On 7/26/13, an Objective Functional Capacity Evaluation Summary Report (O-FCE) was noted. The report stated that his subjective complaints were inconsistent with the observed behaviors and objective data collected. The report stated medications as "none." The report stated that he perceives himself to be severely disabled. The UR dated 6/19/14 stated the request is for Oxycodone 15mg #60. There is a copy of a prescription dated 12/20/13 and 6/10/14 for Methadone 10mg #120 and Oxycodone 15mg #50. The only current progress note is dated 6/10/14, which stated he wants refills of his meds and that his condition "hasn't gotten worse but also not much better." Section 3 on this date was not noted and this is the "Objective Findings of current conditions." The patient had 4 lumbar surgeries, detox, a [REDACTED], and failed a spinal cord stimulator trial. He has been on Oxycodone, Methadone, Valium, Ambien, and Testosterone for years. He has claimed a pain score of 9/10 until recently, which he now claims is 9.5/10. He is able to work out at the gym for 2 hours per day, 5 days a week, using a gym ball and weight lifting. There are no urine drug screens. The diagnostic impression is lumbar radiculitis and lower back pain. Treatment to date: surgeries, medication management, detox, [REDACTED]. A UR decision dated 6/19/14 denied the request for Oxycodone Hydrochloride tab 15mg quantity unknown. The Oxycodone was denied because the patient has been on these Oxycodone and Methadone for years despite detox and a pain program. Long-term opiate use is not supported and apparently, there have been prior efforts to wean him off opiates. There are no urine screens to verify compliance. He claims a pain score of 8-10/10 on these 2 medications, which questions their overall efficacy. He works out aggressively 2

hours per day, which questions his need for this type of pain medication. There is no need to wean, as there is no documentation the patient is even taking either drug as prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hydrochloride tab 15mg QTY: unknown: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: The Expert Reviewer's decision rationale:CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of CURES Report or an opiate pain contract. In addition, there are no urine drugs screens available for review for compliance. In addition, the patient states he works out at the gym 2 hours a day, 5 days a week using a gym ball and weight lifting. It is unclear how the patient is able to perform at this level of exercise with a stated pain level of 9/10. In addition, there are no urine drug screens to available to review for compliance with the medications prescribed. There is no quantity noted on the request. Therefore, the request for Oxycodone Hydrochloride tab 15mg quantity unknown is not medically necessary.