

Case Number:	CM14-0097607		
Date Assigned:	07/25/2014	Date of Injury:	12/02/2009
Decision Date:	12/03/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 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:

The injured worker is a male with a date of injury of 12/2/2009. Per the pain management consultation report dated 5/6/2014, the injured worker presents with significant motor weakness with classic lumbar and lower extremity radicular symptoms. He is barely able to contract against gravity. He is a candidate for spinal cord stimulation therapy, but this is deferred until there is a definitive answer regarding further spine surgery. He rates his pain as 9/10. He has been released from the skilled nursing facility. He had a failed suicide attempt last year and currently has no suicidal tendencies. Physical exam is improved today. He has well healing surgical wounds. Range of motion testing is deferred secondary to pain. Keps test is positive. Minor's sign is positive. Waddell's is negative. Valsalva is negative. Straight leg raise is negative bilaterally. Braggard's is negative bilaterally. Pain is corresponding to the left L4, L5 and S1 dermatomes, and mild right L4, L5. Left extensor hallucis longus muscle strength is 2/5; otherwise motor strength is 5/5 throughout the bilateral upper extremities. Diagnoses include failed back surgery syndrome; status post 5 lumbar spine surgeries; lumbago; lumbar radiculitis; chronic pain syndrome; and failed suicide attempt, tracheostomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30MG 1 tab every 6 hours: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49,115,Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The requesting physician has prescribed Oxycodone 30 mg, one every six hours. The requesting physician states that the plan is to slowly wean the injured worker off medication as tolerated once medication recommendations are authorized. The requested dose of Oxycodone is 180 mg Morphine Equivalent Dose (MED). The claims administrator modified the request to limit the MED to 120 mg per day. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. This is a chronically injured worker with complications of multiple back surgeries, high opioid pain medication use, and significant psychiatric comorbidity. The requesting physician explains that the goal is to wean off medications slowly, but there is no explanation of why this strategy includes utilizing dosing greater than the ceiling of 120 mg MED per day recommended by the MTUS Guidelines. Even with high doses of opioid pain medications, the injured worker is reporting pain at 9/10. Medical necessity for Oxycodone 30 mg 1 tab every 6 hours has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone 30 mg 1 tab every 6 hours is determined to not be medically necessary.