

Case Number:	CM14-0136632		
Date Assigned:	12/23/2014	Date of Injury:	04/26/2002
Decision Date:	02/19/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Family Practice

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 worker sustained an injury on 4/26/2002. He is diagnosed with scoliosis with complicated lumbago. According to a letter from his physician on 7/21/2014, "he has severe scoliosis and is disabled by back pain subsequent to a work related injury. Opioid analgesics have been moderately effective allowing him to perform basic activities of daily living, although he still has substantial pain." According to the letter he has been on Methadone since 4/14/2004 and on Oxy IR since 11/5/13 for breakthrough pain. Prior to that he was on Percocet and prior to that Norco. According to an office visit note of 3/17/2014, he has a very antalgic gait and very bent over with cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxy IR 15mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycondone (OxyIR), Opioids and Weaning of Medications.

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

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for OxyIR. Simply stating that opioids have been effective is not sufficient evidence of an adequate evaluation to determine effectiveness. The office visit notes lack any of the criteria required for continued opioid use. The request is not medically necessary.