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| Case Number: | CM14-0144021 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 09/18/1991 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 08/20/2014 |
| Priority: | Standard | Application Received: | 09/05/2014 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 55-year-old female who sustained an industrial injury on 09/18/1991. She has reported chronic low back pain. Diagnoses include chronic pain syndrome, lumbar pain, degenerative disc disease, post laminectomy syndrome, arthrodesis Lumbar L4-L5, L5-S1, depression and anxiety. Treatments to date include medication maintenance. A progress note from the treating provider dated August 13, 2014 indicates the IW had pain located in the right leg, bilateral buttocks, bilateral hips, and bilateral low back, and the pain was unchanged since last visit. The frequency of the pain and spasticity was stable, the quality of the pain /spasticity was described as sharp, aching, cramping, throbbing, dull, and burning. On examination there was spinal tenderness in the lumbosacral area. Treatment plans included the following medications: Colace 100mg twice daily as needed for constipation, Robaxin 500mg 1-2 tablets every 6 hours as needed for muscle spasms, Cymbalta 60 mg 2 by mouth daily with large meal or dinner, Xanax 0.5 mg take ½ tablet twice daily as needed for anxiety, Kadian 60 mg CP24 (morphine sulfate) two in the morning and one at night and Oxycodone 15 mg tablets one tab by mouth every 4-6 hours as needed for breakthrough pain, maximum of three per day. On 08/20/2014 Utilization Review non-certified a request for Oxycodone HCL 15mg #60, 1 every 4-6 hours as needed for breakthrough pain, maximum of three per day. The citation included ACOEM-<https://www.acoempracguidelines.org/Low Back; Table 2. Summary of Recommendations>.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg #60, 1 every 4-6 hours as needed for breakthrough pain, maximum of three per day: 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 Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of longterm use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The '4 A's' for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework" There is no clear documentation for the need for continuous use of Oxycodone. There is no documentation for functional improvement with previous use of Oxycodone. There is no documentation of compliance of the patient with her medications. Based on the above, the prescription of Oxycodone HCL 15mg #60 is not medically necessary.