

Case Number:	CM14-0180801		
Date Assigned:	11/05/2014	Date of Injury:	04/02/2008
Decision Date:	01/07/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old male with a 4/2/08 date of injury, and status post anterior discectomy and interbody fusion 2/14/11. At the time (10/17/14) of the Decision for Oxycodone 5 mg #120, there is documentation of subjective (persistent lower back pain) and objective (paravertebral tenderness, bilateral facet loading testing exacerbated by extension, bilateral facet joint tenderness at L3-4 level with improvement of tenderness at L4-5 and L5-S1) findings, current diagnoses (arthritis, lumbar and facet; lumbago and other chronic post-operative pain), and treatment to date (facet injections, physical therapy, activity modification and medications (including ongoing use of oxycodone since at least 3/14)). Medical records identified the patient reported adequate pain control on current medication; that the patient has been compliant with pain management and controlled substance agreement; and that the patient denied history of medication overdose, drug and substance abuse and or being admitted to a special program for substance abuse. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycodone use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of arthritis, lumbar and facet; lumbago and other chronic post-operative pain. In addition, given documentation of a controlled substance agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that the patient reported adequate pain control on current medication, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 5 mg #120 is not medically necessary.