

Case Number:	CM14-0187829		
Date Assigned:	11/18/2014	Date of Injury:	11/01/2001
Decision Date:	01/07/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/11/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 62 year old female with a work injury dated 11/1/01 after a slip and fall on wet cement. The diagnoses include idiopathic scoliosis.; post laminectomy syndrome of the lumbar spine; spinal stenosis of low back, lumbar spine without neurogenic claudication; lumbosacral neuritis; low back pain; radicular pain; cervical post-laminectomy syndrome; degeneration of lumbar intervertebral disc; long-term drug therapy; and spasm of back muscles. She is status post L3-4 lumbar fusion performed in 2003, scoliosis surgery on 6/25/13 reconstruction and destabilization at T12 on 4/3/14, intrathecal pump placement for intractable pain. Under consideration is a request for Oxycodone 30mg Q6 #120A 10/12/14 progress note states that the patient complains of low back and left leg pain. On exam she is in no acute distress. The lumbar spine exam reveals mild loss of lordosis secondary to surgery, Limited range of motion in all planes, Tender trigger points in bilateral low lumbar area. Gait is slow, cautious, and requires assistance from walker or person. Patient is unable to toe or heel walk. Upper extremity deep tendon reflexes are: 2/4 biceps, 2/4 brachioradialis, 2/4 triceps bilaterally. Lower extremity deep tendon reflexes are: 0/4 patellar, 0/4 Achilles bilaterally. No wrist or ankle clonus. No Hoffman's in the upper extremities, down going Babinski bilaterally. She is alert and oriented. The treatment plan is hydromorphone 2mg 1 tablet TID as needed. The plan included continuing Gabapentin. A 10/23/14 encounter note indicates that the patient continues with back, neck, and hip pain. She is on multiple medications including hydromorphone and Oxycodone. The discussion indicates that the patient requires home care for medication dispensing, personal care, cooking, cleaning, ADLs. The documentation indicates that the patient has had several episodes of overuse of her medications the last incident prior to her surgery. The document states that she has fallen multiple times. Hydromorphone will attempt to be reduced. She reports that she takes

medications as prescribed and that they help her to better perform ADL's with less pain and reduce her pain. The patient was encouraged to begin an anti inflammation diet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg Q6 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 86 & 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Oxycodone 30mg Q6 #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has had no significant functional improvement and continues to have pain despite long term opioid use. . Prescribing of opioids for chronic pain without a very specific treatment plan based on functional improvement predictably results in patients with sustained poor function, high pain levels, dependency on opioids, and significant opioid side effects. The request for Oxycodone is not medically necessary.