

Case Number:	CM14-0195905		
Date Assigned:	12/03/2014	Date of Injury:	07/15/2003
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/22/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 58-year-old male who injured his low back on July 15, 2003 while in the act of lifting and 80 pound of palm tree. He has had low back pain radiating to the lower extremities ever sense. On May 14, 2004 he underwent and L5-S1 laminectomy/discectomy. He has had facet joint injections since surgery but has been determined to be not a surgical candidate in the future. Since his surgery he is also had difficulty with burning with urination and urinary leakage. In 2005 urinary flow studies were consistent with a neurogenic bladder. The injured worker has used Flomax with some relief intermittently since then. With regard to pain control, injured worker remains on anti-inflammatory and had been on high-dose methadone until recently. Methadone has been weaned in favor of Oxycodone because of issues with QT prolongation. He had been taking 30 mg of Oxycodone 3 times daily. This was recently increased to 4 times daily because his back pain was not improving much. Complicating the analysis is the fact that the Flomax has not been approved. The urinary symptoms including bladder distention have worsened, putting pressure on the spine perhaps and causing more back pain. The Oxycodone was recently modified from #120 in a month to #70 in a month. In an appeal letter the treating physician contends that the Oxycodone has been effective for the injured worker's pain allowing him to perform some of his activities of daily living. At issue is a request for Flomax 0.4 mg twice daily, #60, and Oxycodone 30 mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg, 120 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Those requiring chronic opioid therapy should have ongoing assessment of pain relief, functionality, medication side effects, and any adverse drug taking behavior. Opioids may generally be continued if the injured worker has regained employment and/or there are improvements in pain and functionality as a consequence. Opioids should not be continued if these conditions are not met, but they should not be discontinued if there is not been a fair trial the opioids in terms of dose to obtain relief. In this instance, there has been virtually no documentation regarding pain relief or improvements in functionality as a consequence of opioids, just some very general statements. However, it appears that methadone was recently weaned and discontinued in favor of Oxycodone, which itself is being increased in frequency. Therefore, it would seem medically appropriate to certify Oxycodone 30 mg, 120 count without refills. The treating physician should take note that more definitive evidence of pain relief and improvements in functionality as a consequence of the Oxycodone should be documented. Typical questions that should be asked include levels of average pain, least amount of pain, worst pain, duration of analgesia from the Oxycodone, and time necessary for analgesia to occur. It appears that urine drug testing has not been done in over a year and that too should be updated.

Flomax 0.4 mg, sixty count with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Urol. 2003 Oct;170(4 Pt 1):1242-51. Tamsulosin: efficacy and safety in patients with neurogenic lower urinary tract dysfunction due to suprasacral spinal cord injury.

Decision rationale: Long-term Tamsulosin treatment (0.4 and 0.8 mg once daily) seems to be effective and well tolerated in patients with neurogenic lower urinary tract dysfunction. The results suggest that it improves bladder storage and emptying, and decreases symptoms of autonomic dysreflexia. In this instance, it has been accepted that the injured worker has a neurogenic bladder as a consequence of his back issues which are industrially related. Treatment with Flomax has been effective previously for the injured worker's complaints of incontinence. Therefore, Flomax 0.4 mg, sixty count with two refills is medically necessary.