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| Case Number: | CM14-0197599 | | |
| Date Assigned: | 12/05/2014 | Date of Injury: | 06/28/1992 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 11/19/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, Acupuncture 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:

Injured worker is a 53 year old male with date of injury 6/28/1992. Per progress report dated 11/7/2014, the injured worker presented with low back pain with radicular symptoms of his left lower extremity which limited both his mobility and activity tolerance. He reported pain level as 9/10 without medications and 6-7/10 with medications. Per physical exam, he had tenderness along the lumbar musculature, he had antalgic gait and bilaterally positive straight leg raising tests. Treatment to date has included SCS, physical therapy, and medication management. The date of the UR decision was 11/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen 10/325mg #160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78,92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Per 11/7/14 follow-up pain management consultation and review of medical records, it was noted: "The patient's medical regimen as noted below allows him to receive 30% and sometimes 50% pain relief throughout the day and to be more functional and perform his ADL's as needed. We were unable to get Suboxone certified on a regular basis, which was medically dangerous, so we are back with Percocet and Norco. These 2 medications have a different effect, the Percocet being stronger, but when used in combination with the Ultram ER and Anaprox he can function throughout the day. It must be kept in mind that the patient did detox off of very high doses of OxyContin almost 400 mg per day in October of 2011. He still requires Soma 350 mg for his significant myospasms across the lower back and Prilosec 20 mg for his medication induced gastritis issues. He has been having increased pain and radiculopathy necessitating two emergency room visits recently. He is also requesting a slight increase in his pain medication" The injured worker's medication regimen included Percocet 10/325mg 5-6 tablets a day, Norco 10/325mg 4-6 tablets a day, and Ultram ER 200mg daily. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It is noted that the injured worker is routinely monitored for at risk behavior; however, there are no UDS records submitted for review. The request is not medically necessary.