

Case Number:	CM14-0198387		
Date Assigned:	12/08/2014	Date of Injury:	02/16/2000
Decision Date:	01/21/2015	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 Physical Medicine and Rehabilitation 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:

The injured worker is a 73 year-old patient sustained an injury on 2/16/2000. The request(s) under consideration include Oxycodone HCL 30 MG 100'S #120. The diagnosis lists lumbar disc disorder. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing lower back symptoms. The report of 10/14/14 from the provider noted the patient with unchanged backache with no new problems since last visit and has been taking medications without side effects to include Oxycodone. Exam showed unchanged findings of slowed gait; tight muscle at paravertebral muscles in lumbar area; otherwise was unremarkable. The patient remained permanent and stationary and is not working. The treatment was to continue with medication. The request(s) for Oxycodone HCL 30mg 100'S #120 was non-certified on 11/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30 MG 100S: Upheld

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

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. The patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of February 2000 without acute flare, new injury, or progressive deterioration. The Oxycodone HCL 30 MG 100'S #120 is not medically necessary and appropriate.