

Case Number:	CM14-0202624		
Date Assigned:	12/15/2014	Date of Injury:	07/25/2011
Decision Date:	02/05/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 49-year-old female with an injury date of 07/25/2011. Based on the 08/07/2014 progress report, the patient complains of having low back pain which she rates as a 7-8/10. She has both axial and radicular pain. The patient's functional status has been diminished somewhat and her pain scores have increased into the high moderate to severe range. The 10/06/2014 report indicates that the patient continues to have lumbar spine pain which she rates as a 6/10. "These issues have resulted in some increased disability, and at this time, the patient is temporarily totally disabled." She has a positive straight leg raise on the right at approximately 80 degrees with a positive Lasgue. There is a positive straight leg raise on the left at 90 degrees with a positive Lasgue as well. There is sensory deficit in the right lower extremity over S1 to light touch, thermal, and vibratory sensation. She remains weak in the right hip to flexion and notes burning and dysesthesias in the sole of the foot, on the right side, with radicular pain down the right leg. The patient's lumbar spine remains tender to palpation. There is sciatic notch tenderness bilaterally, right greater than left. There is focal tenderness over the facets with a positive facet provocation and tenderness over the sacroiliac joint on the right side. There is a decreased range of motion in the lumbar spine to flexion, extension, and lateral rotation. She continues to have pain with flexion and extension of the trunk. She has paraspinous muscle spasms in the low back as well. The 11/04/2014 report states that the patient continues to rate her lumbar spine pain as a 6/10. The patient is also having some increased difficulty in gait at this time. The patient's diagnoses include the following:Lumbago with bilateral radiculopathy.Status post L5 left-sided microdiscectomy.Facet and sacroiliac joint arthropathy.Reactive insomnia.Reactive depression and anxiety. The Utilization Review determination being challenged is dated 11/06/2014. Treatment reports were provided from 08/27/2014 - 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain; Criteria for use of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 11/04/2014 progress report, the patient presents with lumbar spine pain which includes both axial and radicular pain. The request is for Oxycodone 30 mg #200. The patient will be taking oxycodone for pain 1 to 2 tablets p.o. q.3-4 h for general pain and breakthrough pain. The patient has been taking oxycodone as early as 08/29/2014. MTUS Guidelines pages 88 and 89 state, "The patient should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS, page 76, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. On 08/07/2014, the patient rates her pain as a 7/10 to 8/10. On 10/06/2014 and 11/04/2014, the patient rates her pain as a 6/10. The 10/06/2014 report states "the patient does tolerate the oxycodone well and has experienced significant benefit in regards to pain control: Therefore, we are starting a long-acting version of this compound. This may in fact decrease the use of the short-acting agent." The 10/06/2014 report states, "The patient did undergo a urine toxicology screen today for opioid agreement and to monitor for diversion as well as compliance with the medication regimen. The patient currently utilizes a Schedule II and Schedule III medication, and therefore, this test is certainly appropriate." Although a urine toxicology screen was completed, there are no results provided. It is unknown if the patient is compliant with the medications she is prescribed. Although there were pain scales provided, not all 4 A's were addressed as required by MTUS. There are no examples of specific ADLs which neither demonstrated medical efficacy nor are there any discussions provided or adverse behavior/side effects. There was no opiate management issues discussed such as CURES reports, pain contracts, et cetera. A urine drug screen was conducted; however, the results are unknown. No outcome measures are provided either as required by MTUS. The treating physician has failed to provide the requirements of documentations that are outlined in the MTUS Guidelines for continued opioid use. Therefore, the requested oxycodone is not medically necessary.