

Case Number:	CM14-0204108		
Date Assigned:	12/16/2014	Date of Injury:	06/10/2002
Decision Date:	02/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 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:

This is a 47 year old male who suffered a work related injury on 6/10/2002. Diagnoses include lower leg pain, lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, depression, and full right knee replacement. A physician progress note dated 11/12/14 documents he continues to have pain level of 8/10. He has symptoms of muscle weakness, difficulty walking, and difficulty falling asleep and remaining asleep. His gait is antalgic; strength in the left leg is weaker, 4/5. The injured worker has difficulty with transfers, there is better range of motion of lumbar spine, non-tender, with no sensory deficits, in lumbar dermatomes. It is documented he has a 20-30% relief with the use of Oxycodone. There was not significant relief with Opana. His pain is reduced from 9-10/10 to 7/10 with use of Oxycodone in 30mg doses three times a day. He previously stated no significant benefit with the use of Percocet for his chronic pain. He has previously failed Ibuprofen, APAP, Flector and Lidoderm patches, and Norco. He states 100% relief of this sciatica pain as well as > 50% relief of his lumbar back pain with left lumbar epidural steroidal injections at L1-2 on 10/13/14. The request is for Oxycodone 15mg #180. The Utilization Review dated 11/12/14 modifies the request for Oxycodone 15mg #180, to Oxycodone, 15mg to #45 with the remaining 135 Oxycodone 15mg non-certified, citing California Chronic Pain Medical Treatment Guidelines. This medication is an opioid used for moderate to severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief. Long-term efficacy is unclear but also appears limited. Since the injured worker has a history of Oxycodone and Percocet use, a prescription to continue weaning would be appropriate. The prospective request for 1 prescription of Oxycodone 15mg, # 180 is certified with modification to allow for 1 prescription of Oxycodone 15mg, # 45 with the remaining Oxycodone 15mg, #135 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #180: Upheld

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

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

Decision rationale: This is a 47 year old male who suffered a work related injury on 6/10/2002. Diagnoses include lower leg pain, lumbago, lumbar degenerative disc disease, lumbar facet arthropathy, depression, and full right knee replacement. A physician progress note dated 11/12/14 documents he continues to have pain level of 8/10. He has symptoms of muscle weakness, difficulty walking, and difficulty falling asleep and remaining asleep. His gait is antalgic; strength in the left leg is weaker, 4/5. The injured worker has difficulty with transfers, there is better range of motion of lumbar spine, non-tender, with no sensory deficits, in lumbar dermatomes. It is documented he has a 20-30% relief with the use of Oxycodone. There was not significant relief with Opana. His pain is reduced from 9-10/10 to 7/10 with use of Oxycodone in 30mg doses three times a day. He previously stated no significant benefit with the use of Percocet for his chronic pain. He has previously failed Ibuprofen, APAP, Flector and Lidoderm patches, and Norco. He states 100% relief of this sciatica pain as well as > 50% relief of his lumbar back pain with left lumbar epidural steroidal injections at L1-2 on 10/13/14. The request is for Oxycodone 15mg #180. The Utilization Review dated 11/12/14 modifies the request for Oxycodone 15mg #180, to Oxycodone, 15mg to #45 for weaning purposes. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. 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 2002 injury without acute flare, new injury, or progressive deterioration. The Oxycodone 15mg #180 is not medically necessary and appropriate.