

Case Number:	CM14-0208049		
Date Assigned:	12/22/2014	Date of Injury:	11/02/2000
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehabilitation, has a subspecialty in Pain Medicine 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 patient with a date of injury of November 2, 2000. A utilization review determination dated November 26, 2014 recommends noncertification of oxycodone. A progress report dated November 13, 2014 identifies subjective complaints of low back pain and lower extremity pain. Review of systems is negative. Physical examination reveals cranial nerves 2 through 12 are intact and cerebellar testing is intact. Diagnoses include lumbar stenosis with neurogenic claudication, sacroiliac joint dysfunction, lumbar facet arthropathy, lumbar radiculopathy, failed back surgery syndrome, thoracic compression fracture, myofascial pain syndrome, cervical radiculopathy, and cervical degenerative disc disease. The treatment plan recommends continuing oxycodone 10 mg 1 PO Q4-6 hours. The patient acknowledges benefits and side effects and agrees to compliant usage. A home exercise program is also recommended. The note goes on to state that "all patients are evaluated for functional activity impairment/improvement, medication benefits and side effects on a routine basis. A pain management agreement is on file. Unannounced urine drug screens are performed routinely. CURES database is reviewed routinely. Opioid risk scanning questionnaire is completed and on file." A urine drug screen performed on October 9, 2014 is consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for oxycodone (Roxicodone), California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone (Roxicodone) is not medically necessary.