

Case Number:	CM14-0209285		
Date Assigned:	12/22/2014	Date of Injury:	12/05/2008
Decision Date:	02/19/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 48-year-old man who sustained a work-related injury on December 5, 2008. Subsequently, the patient developed chronic low back pain. MRI of the lumbar spine dated August 9, 2014 showed 3 mm disc bulges accentuated to the left at the lower 2 lumbar interspaces with mild central and proximal left foraminal narrowing at both levels. According to a September 2, 2014 examination, there has been no significant improvement since the last examination. The patient continued to report significant and debilitating lower back pain with numbness, tingling, and weakness in the lower extremities. Peer review dated September 12, 2014 recommended to non-certify the request for oxycodone 10mg #60. The patient was most recently evaluated on December 15, 2014 at which time it was noted there has been no significant improvement since the last exam. He continued to have lower back pain. His pain did not decrease. On examination of the cervical spine, the paravertebral muscles were tender to palpation. Spasm was present and range of motion of the cervical spine was restricted. There was positive Spurling's test on the left. Examination of the lumbar spine revealed tenderness of the paravertebral muscles. Spasm was present. Range of motion was restricted. Sensation was reduced in bilateral L5 dermatomal distribution. Straight leg raising test was positive bilaterally. Achilles tendon reflex was absent bilaterally. The patient was diagnosed with lumbar radiculopathy, anxiety disorder, brachial Neuritis or radiculitis, and chronic pain syndrome. The provider requested authorization for oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL 1R TAB 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker Compensation, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no clear documentation of the efficacy/safety of previous use of Oxycodone. There is no clear justification for the need to continue the use of Oxycodone. Therefore, the prescription of Oxycodone HCL 10mg is not medically necessary.