

Case Number:	CM14-0059400		
Date Assigned:	07/09/2014	Date of Injury:	07/11/1998
Decision Date:	01/13/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/30/2014

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 Orthopedic Surgeon and is licensed to practice in Georgia & South Carolina. 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 59-year-old female with a date of injury reported as 07/08/1998. The mechanism of injury was not included. Her diagnoses included post-laminectomy syndrome, lumbar radiculopathy, status post spinal cord stimulator, herniated nucleus pulposus, and cervical radiculopathy. Past treatments were not included in the medical record. Diagnostic studies included an x-ray of her spine, date not provided, referenced in the 11/25/2014 medical record and stated the "orthopedist believed there was no significant change in her back and her symptoms are mostly related from her low back". Her surgical history included a laminectomy and discectomy. On 11/25/2014, it was noted injured worker stated she was seen by a psychiatrist group and told she needed treatment. Unfortunately, it was too far for her to drive. According to physician's notes on this date, office visit was a scheduled evaluation for the injured worker as she has complex pharmacologic medication management based on her coexisting and significant underlying psychiatric problems associated with long term chronic pain and medical problems. Her medications were not included with the medical record. No treatment was included in the documentation. The request was for Oxycodone 30 mg QID PRN #20, outpatient for chronic lumbar pain, and no rationale given. The Request for Authorization form, dated 11/25/2014, was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg QID., PRN #120, outpatient for chronic lumbar pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition McGraw Hill, 2006, and the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; On-Going Management Page(s): 75,78.

Decision rationale: The request for Oxycodone 30mg QID, PRN #120, outpatient for chronic lumbar pain is not medically necessary. On 11/25/2014, the injured worker reported to the physician's office for re-evaluation. The medical records only contain 1 page was missing the complete medical record for that office visit. The California MTUS Guidelines recommend oxycodone for controlling chronic pain and this medication has not been used for intermittent or breakthrough pain. The California MTUS recommends that there should be documentation of the four A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behavior. The California MTUS Guidelines further recommend long acting opioids such as oxycodone for around the clock pain relief and indicate it is not for as needed use. There is lack of documentation as to a pain assessment which should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the medication, how long it takes for pain relief, and how long the relief lasts. Satisfactory response to treatment may be indicated by the patient's decrease in pain, increased level of function, or improved quality of life. The use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. There were no side effects listed in the submitted reports. There was no evidence that the oxycodone was helping with any functional deficits the injured worker had, and furthermore, a drug screen was not submitted. Given the above guidelines, the injured worker is not within the MTUS guidelines. As such the request for Oxycodone 30mg QID, PRN #120, outpatient for chronic lumbar pain is not medically necessary.