

Case Number:	CM14-0088645		
Date Assigned:	07/23/2014	Date of Injury:	03/15/2011
Decision Date:	04/23/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/12/2014

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. 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 45 year old male patient, who sustained an industrial injury on 03/15/2011. A primary treating office visit dated 04/07/2014 reported subjective complaint of persistent low back pain. The pain is rated an 8-9 out of 10 in intensity. He also complains of insomnia. Of note, the patient expresses positive results from attending pool therapy. Objective findings showed incision healing. The following diagnoses are applied: status post lumbar laminectomy, fusion 10/10/2013, strain. The plan of care involved continue with home exercise program, aquatherapy, urine sample and schedule psychiatric evaluation. The patient is deemed temporarily totally disabled through 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg, (quantity and/or refill request not disclosed in utilization review letter or physician review): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 86 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The UR modified the request to allow for a slow wean which is appropriate. As such the question for Oxycodone 30 mg, #24 is not medically necessary.