

Case Number:	CM15-0000246		
Date Assigned:	01/09/2015	Date of Injury:	05/27/2003
Decision Date:	03/20/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained an industrial injury on 05/27/2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with failed low back pain syndrome status post lumbar discectomy at lumbar five to sacral one, lumbar radiculopathy, stable lumbar facet pathology, and myofascial pain syndrome. Treatment to date has included transforaminal epidural steroid injection, oral and transdermal medication regimen, above listed surgical procedure, lumbar magnetic resonance imaging, use of ice and heat, rest, and stretching exercises. Currently, the injured worker complains of chronic low back pain radiating to the left leg to the left foot and toes that is rated a six to seven out of ten without medication and a three to five point five out of ten with medication. The treating physician requested the medication of Oxycodone for reduction of pain, increased activity tolerance, restoration of overall functioning, and to keep the pain tolerable to complete activities of daily living. On 12/12/2014 Utilization Review modified the request for Oxycodone 10mg by mouth three times a day with a quantity of 90 to Oxycodone 10mg by mouth three times a day with a quantity of 90 for one refill, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines: Opioids, dosing; When to Continue Opioids; and When to Discontinue Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg PO TOD #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: The patient presents with pain and weakness in her low back and lower extremity. The request is for OXYCODONE 10MG PO TOD #90. The patient is currently taking Norco, Ultram, Celebrex and Lidoderm. The utilization review letter on 12/16/14 states MODIFY the request for Oxycodone HCL 10mg #90 to allow the patient this one refill of Oxycodone HCL 10mg 390 for the purpose of weaning to discontinue with a reduction of MED by 10-20% per week over a weaning period of 2-3 months. The 07/18/14 progress report states that her pain level today is 4/10 with medication. The patient appears to have not tried Oxycodone in the past. Regarding initiating opiates, MTUS guidelines page 76-78 recommend the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." "Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. MTUS also states, "If partial analgesia is not obtained, opioids should be discontinued." In this case, the treater requests Oxycodone for reduction of pain, increased activity tolerance, restoration of overall functioning, and to keep the pain tolerable to complete activities of daily living. The goal setting is addressed. However, baseline pain assessment and baseline functional assessment are not performed. There is no discussion regarding why another opiate is being tried; what the problem was with the other opioids. There is no discussion as to whether or not partial analgesia was obtained with other opiates to consider additional or another opiate. The request IS NOT medically necessary.