

Case Number:	CM15-0104357		
Date Assigned:	06/08/2015	Date of Injury:	03/13/2003
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii
 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 52 year old male, who sustained an industrial injury on 3/13/2003. He reported low back pain. The injured worker was diagnosed as having status post lumbar fusion and decompression, status post spinal cord stimulator. Treatment to date has included medications, and spinal cord stimulator. The request is for Oxycodone 20mg, Oxycodone 10mg, and orthopedic spine consultation. On 4/3/2015, he complained of low back pain rated 9/10, and reported symptoms were unchanged from his previous visit. Testing revealed a negative straight leg raise test. The treatment plan included: Oxycodone 10mg and 20mg, and Soma. On 4/9/2015, he complained of chronic low back pain. Physical findings noted a marked limitation of motion in all directions and tenderness of the low back. The treatment plan included: removal of spinal cord stimulator, and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Oxycodone 20mg #60. The treating physician report dated 3/27/15 (1031B) states, "He continues to complain of low back pain radiating to the lower extremities with associated numbness and tingling rated as being 9/10." A report dated 4/9/15 (931B) states, "He states his addictive medications have been discontinued, and the other medications are not too effective." MTUS pages 88 and 89 state, "Document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Oxycodone 20mg since at least 12/4/14 (806B). The report dated 3/27/15 notes that the patient's pain level is 9/10 while on current medication. No adverse effects or adverse behavior were noted by patient. There is no evidence in the current medical reports provided for review that patient's ADL's have improved with the use of this medication. The patient's last urine drug screen was consistent. The patient is status temporary total disability. In this case, all four of the required A's are not addressed, and functional improvement has not been documented. Furthermore, the patient has stated that his current medications are not too effective and has remained at a 9-10/10 pain level since at least 12/4/14. The current request is not medically necessary.

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Oxycodone 10mg #120. The treating physician report dated 3/27/15 (1031B) states, "He continues to complain of low back pain radiating to the lower extremities with associated numbness and tingling rated as being 9/10." A report dated 4/9/15 (931B) states, "He states his addictive medications have been discontinued, and the other medications are not too effective." MTUS pages 88 and 89 state, "Document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Oxycodone 10mg since at least 12/4/14 (806B). The report dated

3/27/15 notes that the patient's pain level is 9/10 while on current medication. No adverse effects or adverse behavior were noted by patient. There is no evidence in the current medical reports provided for review that patient's ADL's have improved with the use of medication. The patient's last urine drug screen was consistent. The patient is status temporary total disability. In this case, all four of the required A's are not addressed, and functional improvement has not been documented. Furthermore, the patient has stated that his current medications are not too effective and has remained at a 9-10/10 pain level since at least 12/4/14. The current request is not medically necessary.

Consultation with Orthopedic Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127.

Decision rationale: The patient presents with pain affecting the low back. The current request is for consultation with Orthopedic Spine. The treating physician report dated 3/27/15 (1031B) states, "The patient has been authorized to undergo neurosurgical consultation for possible removal of the spinal cord stimulator wire." ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the patient presents with a spinal cord stimulator that is possibly leaking fluid and might need to be removed and the treating physician is requesting a consult with an orthopedic spine surgeon in order to aide in this patient's complex situation. Furthermore, the requesting treating physician specializes in pain management and is requesting the additional expertise of an orthopedic surgeon in order to properly treat the patient's urgent situation. The current request is medically necessary.