MAXIMUS Federal Services

Case Number:	CM15-0132280		
Date Assigned:	07/20/2015	Date of Injury:	09/30/2006
Decision Date:	08/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female who sustained an industrial injury on 9/30/06 when she was exposed to a toxic chemical spill which precipitated nausea, vomiting, dizziness and collapse. She has had treatments for stress, anxiety and shortness of breath. Shortly after the accident she noted neck and back pain. She had stress incontinence related to back pain and had a pelvic mesh placed which was defective and had to be removed. Since that time she has had pelvic pain. She currently has neck pain which radiates to the shoulders; bilateral upper extremity numbness and tingling into both arms and hands; pain in the low back with radiation into the legs. On physical exam of the cervical spine there was tenderness of cervical spine and paraspinous muscles, bilateral trapezius muscles, thoracic paraspinous muscles; the lumbar spine exhibits tenderness in the paraspinous muscles. Medications were Cymbalta, Ativan, Xanax, Levaquin and Norco. Diagnoses were cervical, thoracic and lumbar spine myofascial pain; stress incontinence; nocturia; cystocele. Treatments to date include pain management; psychiatric evaluation; medications; physical therapy. On 6/24/15 Utilization Review evaluated a request for oxycodone 5 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "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 any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Oxycodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. With regard to medication history, the medical records do not establish how long the injured worker has been using this medication. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed and therefore the request is not medically necessary.