

Case Number:	CM15-0132506		
Date Assigned:	07/20/2015	Date of Injury:	01/02/1996
Decision Date:	08/20/2015	UR Denial Date:	07/06/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 (IW) is a 66 year old female who sustained an industrial injury on 01/02/1996. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having lumbago, low back pain; radiculitis, lumbar, thoracic; and disc degeneration lumbosacral. Treatment to date has included medications for pain, and treatment with a pain specialist. Currently, the injured worker complains of low back pain that she rates at a 6 on a scale of 1-10 in severity with medication. Her activity level is curtailed without medication. She is able to bathe, dress, manage medications, and drive, but is unable to shop, prepare meals, laundry and do gardening. In examination, she has decreased range of motion in all planes of the cervical spine. There is also tenderness in the cervical spine. Examination of the upper extremities is benign. There is tenderness at the lumbar spine and facet joints, but no radicular symptoms are reported in the lower extremities. Medications include Oxycontin, Oxy IR, Amlodipine, Oxycodone, and Benazepril. There is absent documentation of pain between visits, worst pain, and time to onset of pain relief after medications, length of time the medication relieves her pain, and any adverse response to medications. The urine toxicology testing is appropriate for medications prescribed and there is no recorded incidence of adverse behavior. The treatment plan is to prescribe Oxycodone with the expectation of adequate pain relief without withdrawal symptoms. A request for authorization was made for Oxycodone 30mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for oxycodone, California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone is not medically necessary.