

Case Number:	CM15-0144278		
Date Assigned:	08/05/2015	Date of Injury:	07/16/2002
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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 59 year old female, who sustained an industrial injury on July 16, 2002, incurring low back injuries after a slip and fall. She was diagnosed with lumbar disc disease, lumbar radiculopathy, and lumbago. Treatment included pain medications, antidepressant, antianxiety, physical therapy and steroid injections. Currently, the injured worker complained of persistent low back pain radiating into the left lower extremity with numbness in the toes and intermittent right knee pain and left knee pain. The pain is aggravated by bending, movement and increased activity. She rated her pain a 9 on a pain scale of 1 to 10. Pain medications decrease her pain rate to a 7 on the pain scale. She noted leg swelling and uses a cane for mobility. In August 2012, the injured worker underwent a left total knee arthroplasty. A lumbar Magnetic Resonance Imaging revealed bilateral facet arthropathy, foraminal stenosis, degeneration and narrowing of the thecal sac. The treatment plan that was requested for authorization included a prescription for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg Qty 60, 1 tablet every 12 hrs as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 07/16/02 and presents with low back pain and bilateral knee pain. The request is for Oxycodone 30 mg qty 60, 1 tablet every 12 hours as needed. There is no RFA provided and the patient's current work status is not provided. The patient has been taking this medication as early as 02/12/15. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." The 02/12/15 report states that the patient rates her pain as a 7- 8/10 with medication and a 10/10 without medication. "She currently uses a wheelchair for ambulation and requires assistance by a care giver for most basic activities of daily living, such as preparing meals, using the restroom, getting in and out of bed, etc." She was not experiencing any side effects to medication. Functionality decreases by an additional 70% without medication. She is "compliant with medication agreement, urine screen toxicology compliance, patient drug monitoring program compliancy- [REDACTED] improve function by greater than 50%, no unmanaged side effects, no tolerance and no evidence of aberrant behavior." Although there are before and after medication pain scales and a discussion on side effects provided, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs, which demonstrate medication efficacy from Oxycodone. No validated instruments or outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Oxycodone is not medically necessary.