

Case Number:	CM15-0160747		
Date Assigned:	08/27/2015	Date of Injury:	07/15/1994
Decision Date:	10/19/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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 57 year old male, who sustained an industrial injury on 7-15-1994. He reported a four hundred (400) pound pipe fell on him injuring the spine. Diagnoses include status post multilevel lumbar fusion, lumbar radiculopathy, lumbar disc degeneration and disc bulge, and chronic back pain. Treatments to date include activity modification, braces-casts, physical therapy, traction, TENS unit, massage, exercise program, nerve blocks, relaxation training, chiropractic therapy, acupuncture treatments and medication therapy. On 6-3-15, he complained of ongoing low back pain with increasing right shoulder pain. The medical records documented he was scheduled for right shoulder arthroscopic repair of the rotator cuff. The provider documented he would manage the post operative pain medications. On 6-3-15, the current medications listed included oxycodone 1 mL three times daily, Oxycodone 10-325mg six to eight tablets daily, and oxycodone time release 30mg daily. On 7-14-15, he was evaluated status post right shoulder surgery and reported increased pain and all over weakness. Pain without medication was rated 1-9 out of 10 VAS, and pain with medications was rated 1-5 out of 10 VAS. The physical examination on 7-14-15, documented he reported pain in the right shoulder, numbness of bilateral hands, neck and low back pain as well as headaches. The medications listed included Oxycodone 1ML as needed, OxyContin 40mg, Oxycodone 10-325mg two tablets as needed, Oxycodone 30mg two tablets as needed, and Oxycodone 30mg daily as needed. These medications were documented to relieve pain 20-50% and improve ability for self-care, walking, sitting and working. The physical examination documented no change in physical findings from previous visits. This appeal requested authorization for the prescriptions of Percocet 10-325mg

#180 and Oxycodone IR 20mg #180. The Utilization Review dated 7-22-15, denied the Percocet and modified the Oxycodone IR to allow a one month supply for weaning purposes indicating that the medical records did not support the medical necessity of two short acting opioids and failed to document urinary drug study result to support medication compliance per the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding ongoing 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 nonadherent) 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." Per progress report dated 7/14/15 it was noted that medications relieve 20-50% of pain and improve ability for self-care, walking sitting and working. However, 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. Absent documentation assuring safe and appropriate usage, the request is not medically necessary.

Oxycodone IR (immediate release) 20 mg Qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing 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 nonadherent) 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." Per progress report dated 7/14/15 it was noted that medications relieve 20-50% of pain and improve ability for self-care, walking sitting and working. However, 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. Absent documentation assuring safe and appropriate usage, the request is not medically necessary.