

Case Number:	CM15-0184603		
Date Assigned:	09/25/2015	Date of Injury:	11/30/1995
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old female, who sustained an industrial injury on November 30, 1995, incurring low back injuries. She was diagnosed with lumbar compression fracture, lumbar spondylosis, lumbar spinal stenosis and sacroiliac joint dysfunction. Treatment included anti-inflammatory drugs, pain medications, sleep aides, antidepressants, sacroiliac joint injections, physical therapy and home exercise program, bicycling and walking, and activity restrictions and modifications. Currently, the injured worker complained of chronic low back pain radiating in to the lower extremity rated 7-8 out of 10 on a pain scale from 1 to 10. She complained of aching, cramping and burning in the low back and buttocks and stabbing sensation in the upper legs. She reported 80% back pain and 20% leg pain interfering with everyday activities of daily living. The treatment plan that was requested for authorization on September 21, 2015, included a prescription for Oxycodone IR 15 mg #100. On September 10, 2015, the request for Oxycodone was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15mg #100: 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, Opioids for chronic pain, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1995 and continues to be treated for chronic low back pain. She has sacroiliac joint dysfunction and spondylosis and a history of a lumbar compression fracture. When seen, she had pain rated at 7-8/10. Pain medication is referenced as providing moderate relief. Physical examination findings included appearing in no acute distress. There was bilateral sacroiliac joint tenderness. Urine drug screening was discussed and was declined. Medications were refilled. Immediate release oxycodone was being prescribed at a total MED (morphine equivalent dose) of up to 90 mg per day. Bilateral sacroiliac joint blocks were requested. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Declining a recommended urine drug screening is a red flag and is of concern in terms of ongoing opioid medication use. Continued prescribing is not considered medically necessary.