

Case Number:	CM15-0185887		
Date Assigned:	09/28/2015	Date of Injury:	11/03/1999
Decision Date:	11/12/2015	UR Denial Date:	08/31/2015
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 a work related injury on 11-3-99. A review of the medical records shows she is being treated for headaches and low back pain. Treatments have included medications, physical therapy, chiropractic treatments, acupuncture surgery and right hip injections. Current medications include blood thinners, Norco, Oxycodone and ibuprofen. She has been taking Oxycodone since 6-2015. In the progress notes, the injured worker reports low back pain. She rates the pain a 6 out of 10. At best, pain is a 4 out of 10 and at worst pain is a 10 out of 10. These pain ratings have not changed from the last few visits. She describes the pain as sharp, dull, throbbing, aching and constant. She states the pain radiates. She states medication "improves her condition." There is no other documentation to assess how effective the Oxycodone is in relieving her pain or how it improves her functional capabilities. In the objective findings dated 7-14-15, she has decreased range of motion in all planes in lumbar spine. She has tenderness to touch throughout back. No notation of working status. The treatment plan includes changing Oxycontin to Oxycodone IR and refill of Norco. In the Utilization Review dated 8-31-15, the requested treatment of Oxycodone 20mg. #120 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg #60: Overturned

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, dosing, Opioids, long-term assessment, Weaning of Medications.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1999 and continues to be treated chronic low back pain. In June 2015 pain was rated at 4-10/10 with an average pain score of 6/10. Medications and heating pads and hot water are referenced as decreasing pain. OxyContin and Norco were being prescribed at a total MED (morphine equivalent dose) of 120 mg per day. In July 2015 the claimant reported that her medications were not being covered. She wanted to consider generic equivalent medication. Pain was again rated at 4-10/10 with an average pain score of 6/10. Immediate release oxycodone and Norco were prescribed. The total MED was now 175 mg per day. When seen, she reported that the oxycodone 30 mg had been too strong. She was requesting a decrease in dose. Physical examination findings included decreased lumbar spine range of motion with tenderness and muscle spasms. Straight leg raising was positive. There were trigger points. There was decreased lower extremity strength. Oxycodone was prescribed. The total MED was 120 mg per day. 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 120 mg per day, there is no documentation that opioid medications at this MED have provided decreased pain through documentation of VAS pain scores or specific examples of how the claimant's opioid medications have resulted in an increased level of function or improved quality of life. However, the dose prescribed represents a weaning from the 175 mg that had been prescribed the month before. Continued weaning and / or assessment of the claimant's response to the recently prescribed medications would be expected. No refills were given. The request is medically necessary.