

Case Number:	CM15-0187053		
Date Assigned:	09/29/2015	Date of Injury:	02/25/2013
Decision Date:	11/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/23/2015

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:

This injured worker is a 41 year old male who reported an industrial injury on 2-25-2013. His diagnoses, and or impressions, were noted to include: low back pain; lumbar radiculopathy; herniated disc; long-term use of medications. No imaging studies were noted. His treatments were noted to include medication management with toxicology studies. The progress notes of 8-20-2015 reported a follow-up visit for unchanged, bilateral low back pain, left > right, rated 8 out of 10, that intermittently radiated down the left leg and to the upper back, and was made worse by activities; that his pain was chronic and intermittent, with acute exacerbations brought on by lifting; his pain was associated with stiffness with prolonged sitting, numbness in the buttock, thigh, lower leg and foot, and weakness of the upper legs, lower leg; and that he received some pain relief with ice-heat therapy, muscle relaxants and narcotic pain medication. The objective findings were noted to include: no apparent distress; the appearance of moderate pain, regularly shifting position while sitting; an antalgic gait noted leaning on walls and furniture when walking; and positive back pain. The physician's request for treatment was noted to include refilling Oxycodone HCL 10 mg, 1-2 tabs every 4 hours when needed, #240, no refills. Oxycodone 10 mg, 1-2 tabs every 4 hours as needed, #240 was noted refilled as far back as the 5-2015, and the 3-10-2015 progress notes show Opana ER for pain. The Request for Authorization, dated 8-21-2015, was for Oxycodone 10 mg, 1-2 every 4 hours as needed, #240 no refills. The Utilization Review of 8-25-2015 modified the request for Oxycodone 10 mg, 1-2 tabs as needed, #240, to #160 only with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg 1-2 tabs by mouth as needed quantity 240: 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 non-adherent) 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." Review of the available medical records reveals no documentation to support the medical necessity of oxycodone or any documentation addressing the '4 A's' domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 8/26/15, the injured worker rated his pain 3/10 with medication and 7/10 without medications. 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. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary and cannot be affirmed.