

Case Number:	CM15-0188572		
Date Assigned:	09/30/2015	Date of Injury:	09/13/2003
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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, 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 49 year old, female who sustained a work related injury on 9-13-03. A review of the medical records shows he is being treated for neck, left knee and low back pain and gastrointestinal problems. Current medications include Oxycodone, Flexeril, Lyrica, Ambien, Nexium and Miralax. She has been taking Oxycodone since at least 3-2015. There is insufficient documentation of how the Oxycodone is helping to relieve her pain or if it is improving functional capacity. In the Physical Medicine New Patient Consultation, the injured worker reports pain along her whole spine. She reports radiating symptoms in her arms with numbness and tingling in her hands. She has radiating symptoms in both legs. She rates her pain a 5 out of 10 with medications and a 9-10 out of 10 without medications. She has pain after walking about 15 minutes. She tolerates sitting for 30-45 minutes. She states "all activities increase her pain. On physical exam dated 8-27-15, she has decreased range of motion in cervical and in her lumbar spine. She has tenderness to palpation in cervical muscles. She is working full time. The treatment plan includes refills of medications and physical therapy. The Request for Authorization dated 9-4-15 has requests for Oxycodone, Flexeril, Lyrica, Ambien, Nexium, Miralax, and physical therapy. In the Utilization Review dated 9-17-15, the requested treatment of Oxycodone IR 30mg. #120 was modified to Oxycodone IR 30mg. #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy Immediate Release 30mg quantity 120: 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 page 78 regarding on-going 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. Review of the available medical records reveals insufficient documentation to support the medical necessity of Oxycodone IR nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going 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 8/27/15, the injured worker rated her pain without medications 9-10/10, which was brought down to 5/10 with medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS report submitted for review was dated 2/2014; it was negative for opiates and positive for THC. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, there should be ongoing UDS monitoring compliance with opioid contract. Therefore this request is not medically necessary.