

Case Number:	CM15-0188766		
Date Assigned:	09/30/2015	Date of Injury:	11/22/1985
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 77 year old female, who sustained an industrial injury on 11-22-85. Medical records indicate that the injured worker is undergoing treatment for shoulder adhesive capsulitis, lumbar intervertebral disc disorder, lumbar spinal stenosis, lumbar radiculopathy, lumbar spondylosis, sacroiliac joint dysfunctional pain, scoliosis of the thoracic spine, cervicgia, cervical radiculopathy, cervical post-laminectomy syndrome and lumbar post-laminectomy syndrome. The injured workers current work status was not identified. On (8-20-15) the injured worker complained of low back pain and neck pain. The pain was rated 7 out of 10 with medication and 10 out of 10 without medication. The injured worker was noted to have a 30 percent improvement on average. In the last week the pain was rated 9-10 at the worst, 4-10 at the least and 7-10 on average. Examination of the cervical spine revealed increased pain and tenderness to palpation with flexion, extension and external rotation. There was notable increased tenderness with hyperextension and lateral flexion. Examination of the lumbar spine revealed increased tenderness upon palpation and on flexion, extension and external rotation. A straight leg raise test was negative bilaterally. Subsequent progress reports dated 7-16-15 and 6-18-15 noted the injured worker pain levels in the past week were 9-10 at worst, 5-10 at least, 6 to 7-10 on average and 7 at the present time. Treatment and evaluation to date has included medications, a transcutaneous electrical nerve stimulation unit, CT scan of the cervical spine and x-rays of the cervical spine. Current medications include Oxycodone (since at least February of 2015) and Morphine Sulfate ER. The injured worker was noted to be using narcotic medication appropriately. The request for authorization dated 8-21-15 requested Oxycodone 30 mg # 120.

The Utilization Review documentation dated 8-26-15 modified the request to Oxycodone 30 mg # 90 (original request #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg Qty 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents on 08/21/15 with lower back pain rated 7/10 with medications, 10/10 without. The patient also complains of neck and headaches. The patient's date of injury is 11/22/85. Patient is status post cervical and lumbar laminectomy. The request is for Oxycodone 30MG QTY 120. The RFA is dated 08/21/15. Physical examination dated 08/21/15 reveals tenderness to palpation of the cervical spine with pain elicitation upon flexion and extension of the neck noted, and tenderness to palpation of the lumbar spine with pain elicitation noted upon movement. The patient is currently prescribed Oxycodone and Morphine. Patient's current work status is not provided. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the requested Oxycodone for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue use. Visit dated 08/20/15 notes that this patient's narcotic medications reduce her pain from 10/10 to 7/10. The provider also states: "The patient is satisfied with the treatment she has been receiving... The patient is not satisfied with activity level or medication treatment..." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is no evidence of past inconsistency or aberrant behavior and there is documentation of analgesia via a validated scale. However, the provider neglects to document any activity-specific functional improvements attributed to narcotic medications, instead focusing on patient dissatisfaction with current activity levels. MTUS Guidelines require activity-specific functional improvements when narcotic medications are used for chronic pain; in this case, no such documentation is provided. Given the lack of complete 4A's, documentation, the continuation of Oxycodone cannot be substantiated and this patient should be weaned. The request IS NOT medically necessary.