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| Case Number: | CM15-0190026 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 02/20/2009 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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 49 year old male, who sustained an industrial injury on 2-20-2009. A review of the medical records indicates that the injured worker is undergoing treatment for Complex Regional Pain Syndrome (CRPS) of the right lower extremity, failed back surgery-post-laminectomy syndrome, and possible lumbar arachnoiditis. On 8-25-2015, the injured worker reported back pain with burning sensation down more to his right lower extremity with dysesthesia and hypersensitivity to touch of his back. The Treating Physician's report dated 8-25-2015, noted the injured worker reported the OxyIR, prescribed 7-28-2015, helped with his pain however he was unable to drive and function, with the Physician prescribing the addition of Norco. The injured worker's current medications were listed as OxyIR, Norco, Amrix, and Seroquel. The injured worker was noted to have depression secondary to chronic pain, unable to work. The physical examination was noted to show dysesthesia to superficial touch over the areas of left and right of the scar tissue from previous back surgeries, and dysesthesia to superficial touch over the right lower extremity more so than the left. Decreased sensation was noted to pinprick of dermatomes of L4, L5 and S1 on the right. Prior treatments have included physical therapy, epidural steroid injection (ESI), and medication including Norco, Morphine, Venlafaxine, Provigil, Lorazepam, Lunesta, and Celebrex. The treatment plan was noted to include authorization for a diagnostic sympathetic block on the right side. The request for authorization was noted to have requested Oxycodone HCL ER 10 mg #180. The Utilization Review (UR) dated 9-15-2015, non-certified the request for Oxycodone HCL ER 10 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL ER 10 mg #180: 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, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2009 injury without acute flare, new injury, or progressive neurological deterioration. The Oxycodone HCL ER 10 mg #180 is not medically necessary and appropriate.