MAXIMUS Federal Services

Case Number:	CM15-0191820		
Date Assigned:	10/05/2015	Date of Injury:	01/04/2005
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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: Emergency Medicine

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 an industrial injury on 1-04-2005. The injured worker was diagnosed as having severe facet arthropathy at L3-4 and L4-5, disc protrusion at L3-4 and L4-5 with spinal stenosis and bilateral neuroforaminal stenosis, bilateral lower extremity radiculopathy, chronic pain syndrome, anxiety, depression, and insomnia secondary to industrial injury and pain, grade 1 anterolisthesis at L3 on L4, right hip sprain-strain, morbid obesity, status post medial branch radiofrequency neurotomies bilaterally at L2, L3, and L4 on 1-21-2012, anterior posterior fusion at L3-4 and L4-5 on 2-15-2012, radiofrequency ablation at L2, L3, and L4 bilaterally, gastroesophageal reflux disease, left knee arthroscopy on 5-09-2013 with residual pain, status post spinal cord stimulation with laminotomy lead at T8-T9 on 5-05-2011, and failed back surgery syndrome. Treatment to date has included diagnostics, spinal cord stimulator, and medications. Currently (7-29-2015), the injured worker complains of constant low back pain with radiation to the bilateral lower extremities, associated with numbness and tingling down to the feet. Pain was rated 7 out of 10 with medications and she reported that "her low back pain feels same since last visit." Pain was rated 7 out of 10 on 5-06-2015 and 8 out of 10 on 6-03-2015. She also reported psychological symptoms of anxiety, depression, stress, and insomnia. She reported that "the quality of her life is poor secondary to pain." Current medications included Oxycodone (use since at least 9-11-2013), Kadian (use since at least 9-11-2013), Lunesta, and Senna, which "provided her with 40% to 50% relief and increase in performance with her activities of daily living." Function with activities of daily living was not specified. Physical exam noted an antalgic and guarded gait,

tenderness to palpation over the lumbar spine with "restricted" range of motion, and lower extremity strength 5 of 5. The treating physician documented that urine toxicology from 6-08-2015 was positive for Nortriptyline and Morphine, "consistent with her medication." Urine toxicology report (6-08-2015) was inconsistent with prescribed medications and was negative for Oxycodone. Urine drug screen drawn on 6/26/15 was negative for all substances. Her work status was deferred to her primary treating physician. The treatment plan (per the Request for Authorization dated 7-29-2015) included Oxycodone 15mg #30 and Kadian 15mg #30, non-certified by Utilization Review on 9-01-2015, with weaning recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #30: 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, long-term assessment.

Decision rationale: Oxycodone is an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has generally failed to document any objective improvement in pain or functional status except for vague percentages and claims of benefit. Provider has failed to mention why patient has 2 recent urine drug screens that were negative for prescribed opioids. It is unclear what patient is doing with prescribed opioids but apparently it does not provide any documented benefit and patient does not seem to be taking it as instructed. Oxycodone is not medically necessary.

Kadian 15mg #30: 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, long-term assessment.

Decision rationale: Kadian is extended release morphine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has generally failed to document any objective improvement in pain or functional status except for vague percentages and claims of benefit. Provider has failed to mention why patient has 2 recent urine drug screens that were negative for prescribed opioids. It is unclear what patient is doing with prescribed opioids but apparently, it does not provide any documented benefit and patient does not seem to be taking it as instructed. Kadian is not medically necessary.