

Case Number:	CM15-0192188		
Date Assigned:	10/06/2015	Date of Injury:	04/13/1992
Decision Date:	11/12/2015	UR Denial Date:	09/28/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 is a 62-year-old male with a date of injury of April 13, 1992. A review of the medical records indicates that the injured worker is undergoing treatment for chronic And persistent neck and lower back pain, cervical and lumbar spine sprain and strain, lumbar spondylosis with radiculopathy, multilevel lumbar neuroforaminal stenosis, bilateral knee internal derangement, chronic pain syndrome, and chronic depression. Medical records dated August 21, 2015 indicate that the injured worker complained of lower back pain and right greater than left lower extremity pain, numbness, tingling and weakness of the bilateral lower extremities, pain into the pelvic are, and bowel, bladder, and sexual dysfunction. Records also indicate that the injured worker's pain was rated at a level of 6 out of 10 and 10 out of 10 without medications, and that there was a 40% improvement in pain and overall functional status with medications, where the injured worker was able to participate in activities of daily living, able to walk and stand for longer periods of time, and ability to lift medium weight objects. A progress note dated September 17, 2015 documented complaints similar to those reported on August 21, 2015, and that the injured worker noted an improvement in pain and function, though pain levels were reported to be the same as they were on August 21, 2015. Per the treating physician (September 17, 2015), the employee was permanently disabled. The physical exam dated August 21, 2015 reveals use of a cane, cervical spine tenderness from C4 to T1 with minimal spasms, decreased range of motion of the cervical spine, stiffness of the wrist and elbow, mild to moderate diffuse myofascial tenderness from L3 to S1, decreased lumbar lordosis, positive facet sign, decreased range of motion of the lumbar spine, decreased strength of the bilateral lower extremities, and

diminished sensation in the L5-S1 dermatome. The progress note dated September 17, 2015 documented a physical examination that showed no changes since the examination performed on August 21, 2015. Treatment has included multiple right knee surgeries, right shoulder surgery, physical therapy "With limited improvement", epidural injections (location not documented), trials of OxyContin and Opana, and current medications (Oxycodone and Cialis). The treating physician documented (September 17, 2015) that the urine drug screen showed evidence of compliance with medications (testing dated July 22, 2015). The original utilization review (September 28, 2015) partially certified a request for Oxycodone 30mg #90 (original request for #180).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing.

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time from a 10/10 to a 6/10. There are objective measurements of improvement in function or activity specifically due to the medication. Therefore, all criteria for the ongoing use of opioids have been met and the request is medically necessary.