

Case Number:	CM15-0195950		
Date Assigned:	10/09/2015	Date of Injury:	09/20/2009
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This is a 60 year old male who sustained an industrial injury on 9-20-2009. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain, lumbar radicular symptoms, insomnia, right shoulder sprain and gastritis. Medical records (5-6-2015 to 9-2-2015) indicate ongoing low back pain with numbness and tingling sensation going to the lower extremities. It was noted that the injured worker had an emergency, which required him to see his private physician who discontinued his OxyContin and ordered Oxycodone HCL. Per the treating physician (9-2-2015), the work status was modified duty. The physical exam (9-2-2015) revealed a slightly antalgic gait. There was tenderness to palpation throughout the lumbar paravertebrals, worse at the L5-S1. Treatment has included multiple spine surgeries, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications (9-2-2015) included Oxycodone HCL, Lorazepam, Neurontin, Baclofen and Dilaudid. The request for authorization dated 9-2-2015 included Oxycodone HCL. The original Utilization Review (UR) (9-15-2015) denied a request for Oxycodone HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 120mg, #120: Upheld

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

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. Patient is on an extremely high dose of opioids. Prescription is 480mg of oxycodone a day along with 12mg of hydromorphone. Total opioids patient is on is 728mg Morphine Equivalent Dose(MED) a day, 6 times above the recommended maximum of 120mg MED a day. Patient was previously on Oxycontin 40mg 3 times a day and suddenly increased by 3 times daily dose. It is unclear if provider has mistakenly increased the dose or is purposefully giving massive doses of opioids for unknown reason. There is no documented benefit. There is a high risk of death, hyperalgesia and multiple side effects on such high dose opioids. Not medically necessary.