

Case Number:	CM15-0201951		
Date Assigned:	10/16/2015	Date of Injury:	02/13/2009
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old male, who sustained an industrial-work injury on 2-13-09. He reported initial complaints of pain in left quadriceps region. The injured worker was diagnosed as having anxiety, dysthymic disorder, lumbar or thoracic radiculopathy and non-traumatic rupture of quadriceps tendon. Treatment to date has included medication, surgery (repairs-reconstruction of left quadriceps tendon), ice-heat therapy, lumbar ESI (epidural steroid injection) and single point cane. Currently, the injured worker complains of pain to the left leg, lower back, and hips that was rated 5 out of 10. Pain was constant, shooting, burning, and worse with activity and relieved with medication, rest and sleep. There was weakness and numbness in the left lateral lower leg with radiation down the bilateral buttock to above the knee. Meds included Gabapentin, Abilify, Lexapro, Warfarin sodium, Ambien, and Oxycodone HCL. As of 1-13-15, a repeat ESI (epidural steroid injection) reported 40-60% benefit and decrease need of Oxycodone from 4-3 per day to 1-2 per day and on 5-28-15 he had another ESI with relief for 2 months and almost able to eliminate Oxycodone. Per the primary physician's progress report (PR-2) on 9-8-15, exam notes analgic gait, normal lower extremity motor strength, absent DTR (deep tendon reflexes) to medial hamstring, toes are down going bilaterally, and sensation is normal. Current plan of care includes medication, possible repeat epidural, and follow up with orthopedist. The Request for Authorization requested service to include Oxycodone 10mg, #60 (2x a day). The Utilization Review on 9-16-15 denied the request for Oxycodone 10mg, #60 (2x a day), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg, #60 (2x a day): Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Oxycodone or any documentation addressing the "4 A's" domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, the request is not medically necessary.