MAXIMUS Federal Services

Case Number:	CM15-0205359		
Date Assigned:	10/22/2015	Date of Injury:	11/03/1999
Decision Date:	12/04/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 65 year old female injured worker suffered an industrial injury on 11-3-1999. The diagnoses included lumbar post-laminectomy syndrome, thoracic-lumbar neuritis, disorders of the sacrum and lumbosacral spondylosis. On 7-14-2015 the treating provider reported the pain on average as 6 out of 10, at least was 4 out of 10 and at worst 10 out of 10. The pain was constant and radiating. The pain levels were unchanged from the prior visit. The lumbar pain was decreased by medication, heating pad and hot water. The provider changed OxyContin to Oxycodone. The provider noted the injured worker had any diversion of medication or aberrant drug taking behaviors. On exam on 6-16-2015, there was decreased range of motion to the lumbar spine with tenderness. She had been using OxyContin, Vicodin, Norco, Lyrica and Ibuprofen since at least 5-2015. Prior treatment included physical therapy, chiropractic therapy, acupuncture, surgery, injections and medication. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of detailed functional improvement with treatment and no objective evidence aberrant risk assessment such as urine drug screen and CURES report. The Utilization Review on 9-30-2015 determined non-certification for Oxycodone 20mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg #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 for chronic pain, Opioids, dosing, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in November 1999 and is being treated for neck, low back, and right upper extremity and right lower extremity pain. Diagnoses include post-laminectomy syndrome. In February 2015, Lyrica and Duexis were being prescribed. Medications were decreasing pain from 10/10 to 5-7/10. Norco and OxyContin were prescribed at a total MED (morphine equivalent dose) of 130 mg per day. In March 2015, she had pain rated at 5/10. In April 2015, pain was ranging from 4/10 to 10/10 with an average pain score of 6/10. In May 2015, the pain scores were the same. The report references the claimant as in horrific pain and that her medications were not being covered. In July 2015, she wanted to consider generic equivalent medications. Norco and Oxycodone were prescribed at a total MED of 175 mg per day. When seen in September 2015, pain was ranging from 5/10 to 10/10 with an average pain score of 6/10. There was no recorded physical examination. Being requested is Oxycodone 20 mg #120. Oxycodone is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is now again 120 mg per day, there is no documentation that opioid medications at higher doses have provided an additional pain relief since prescribed in March 2015. For this reason, the request is not medically necessary.