

Case Number:	CM15-0205792		
Date Assigned:	10/22/2015	Date of Injury:	05/26/2009
Decision Date:	12/09/2015	UR Denial Date:	10/02/2015
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: 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 61 year old male who sustained an industrial injury on 05-26-2009. Medical records indicated the worker was treated for spinal stenosis lumbar, unspecified thoracic-lumbar neuritis-radiculitis, herniated nucleus pulposus, and lumbosacral spondylosis. In the exam notes of 07-31-2015, the worker has complaint of headache, back pain, and neck pain. He is being seen for a medication refill. He has continued neck and back pain rated at least a 6 and at worst a 9 on a scale of 0-10. Medication helps relieve his pain and activity increases his pain. The character of the pain was dull, aching, pins and needles. His medications include Linzess, Fentanyl (since at least 01-07-2015), and Oxycodone (since at least 01-07-2015). On exam, he has no signs of sedation or withdrawal, his monitoring shows consistency with prescribed medications. The treatment plan included medication refills, and he awaits authorization for a lumbar epidural steroid injection and a cervical epidural steroid injection. The medications are reducing his pain and improving his function. A request for authorization was submitted 09-26-2015 for a utilization review decision 10-02-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg one every 6 hours as needed #120: Upheld

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

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 on-going 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 nonadherent) 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 insufficient documentation to support the medical necessity of oxycodone nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document 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. Per the medical records, it was noted that the injured worker reported pain 6/10 with medication and 9/10 without medications. It was noted that without medications the injured worker would be chairbound/bedbound, and with medications he is able to do some exercise, able to do ADLs, and able to socialize a little and participate in family events. However, 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. Absent documentation assuring appropriate medication usage, medical necessity cannot be affirmed. The request is not medically necessary.