

Case Number:	CM15-0209252		
Date Assigned:	10/28/2015	Date of Injury:	04/16/2004
Decision Date:	12/09/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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 injured worker is a 65-year-old female, who sustained an industrial injury on 4-16-2004. The injured worker is undergoing treatment for: post laminectomy syndrome of lumbar. On 8-17-15, she is reported to have been switched from Oxycodone 5mg to roxocodone 15mg twice daily, because she had increased pain. She indicated this as enabling her to work. She rated low back pain 4 out of 10 without medications and 3 out of 10 with medications, right shoulder pain rated 6-7 out of 10, and left ankle pain is unrated. On 10-2-15, she reported having zero relief of low back pain from oxycodone 5mg 4 times daily. She indicated she is unable to clean house or other activities of daily living, which would require her to flex at the waist. There is notation of no signs of abuse or diversion and she denied side effects. She is reported as not getting Oxycontin 20mg authorized and was getting 15mg three times daily with noted improved function. She rated her current pain 4 out of 10 without medications and with medications 3 out of 10. She also reported pain to the right shoulder rated 6-7 out of 10, and left ankle pain which a pain level was not noted. Physical examination revealed full range of motion to the shoulders with pain elicited at extremes of abduction and internal rotation and flexion at 130 degrees on the right, antalgic gait, lumbar scarring noted, pain elicited with palpation in the lumbosacral junction, decreased lumbar range of motion, full range of motion of the hips, knees and ankles bilaterally, positive straight leg raise testing on the right. She is noted as having a 50 percent reduction in pain with the use of opioids, which allows her to be able to perform activities of daily living such as mop floors. The treatment and diagnostic testing to date has included: weight loss, multiple physical

therapy sessions, and home exercise program, and multiple lumbar epidurals, CURES (8-17-15 and 10-2-15), urine drug screen (11-21-14). A urine drug screen dated 7-2-15 is noted as "ok". Medications have included: synthroid, trazodone, oxycodone, Mobic. Current work status: modified. The request for authorization is for: Oxycodone (Roxicodone) 15mg tablets quantity 60. The UR dated 10-13-15: non-certified the request for Oxycodone (Roxicodone) 15mg tablets quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone (Roxicodone) 15mg #60: Overturned

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, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury in April 2004 and is being treated for chronic pain including a diagnosis of post-laminectomy syndrome. She underwent a lumbar laminectomy in 2004. In June 2015 oxycodone at a 67.5 MED (morphine equivalent dose) was providing a 50% decrease in pain with improved tolerance for exercise and household activities. Urine drug screening in July 2015 was consistent with the prescribed medications. When seen in October 2015 oxycodone at 5 mg TID had provided no pain relief. Pain was rated at 4-7/10. Physical examination findings included pain with shoulder range of motion. There was pain at the lumbosacral junction and lumbar pain with range of motion. Right straight leg raising was positive. Oxycodone was prescribed at a total MED of 90 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management when she was having pain ranging up to moderately severe. Opioid medication at a lower MED had provided partial pain relief with improved activities of daily living and activity tolerance and when the MED was lowered further there was no pain relief. There are no identified issues of abuse or addiction. The total MED remained less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.