

Case Number:	CM15-0209314		
Date Assigned:	10/28/2015	Date of Injury:	10/28/2007
Decision Date:	12/15/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/26/2015

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 55 -year-old male who sustained an industrial injury on 10-28-2007 and has been treated for neck and back pain. Diagnoses include cervicgia and spondylosis, lumbar spondylosis without myelopathy or radiculopathy, radiculopathy, and degenerative disc disease. On 9-23-2015 he reported constant pain with a level at this visit of 7 out of 10. Cervical pain was characterized as aching, stinging, constant, deep, tingling, and with numbness. The physician noted that current opioid treatment includes Oxycodone 30 mg every 8 hours which the injured worker states as "adequate." Oxycodone appears in the medical record as part of the treatment plan for at least two years. The physician noted that medication has been taken "as planned" with no extra doses or adverse side effects and that there is an opioid contract in place. Other treatment or current medication is not noted in the provided records. Objective findings included "poor" gait and station, tenderness cervical paravertebral muscles. Lumbar assessment showed tenderness to L3-S1 paravertebral muscles, with muscle spasm. Straight leg raising was positive, and decreased flexion was noted. The treating physician's plan of care includes a request for Oxycodone 30 mg. denied on 10-12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #240: 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.

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 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 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. It was noted per the medical records that the injured worker stated oxycodone helps decrease his pain level and allows him to do his ADLs, however, no specific measures of pain relief or objective functional improvement were documented. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 9/26/15 was negative for oxycodone. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. The request is not medically necessary.