

Case Number:	CM15-0026263		
Date Assigned:	02/18/2015	Date of Injury:	10/21/2001
Decision Date:	03/30/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/11/2015

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: TR, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old female, who sustained an industrial injury on October 21, 2001. The diagnoses have included lumbar disc displacement, post lumbar laminectomy syndrome, neuralgia/neuritis/radiculitis, rotator cuff sprain/strain, and depressive disorder. Treatment to date has included L5-S1 fusion in 2003, removal and repositioning of spinal cord stimulator in 2009, and medications. Currently, the injured worker complains of low back pain, right lower extremity neuritis, and right shoulder pain. The Treating Physician's report dated January 21, 2015, noted the injured worker with an antalgic gait, ambulating with difficulty with a cane. The lumbar spine was noted to have decreased range of motion (ROM) for flexion and extension, with paraspinous muscle tenderness without spasm. On January 30, 2015, Utilization Review non-certified Oxycodone 30mg 1/2 to 1 twice a day (BID) as needed (PRN) #120, noting that multiple prior reviews had recommended weaning of Oxycodone, and that authorization was being requested for an increased dose. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 11, 2015, the injured worker submitted an application for IMR for review of Oxycodone 30mg 1/2 to 1 twice a day (BID) as needed (PRN) #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg 1/2-1 BID PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet; generic available), Opioids,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain and treatment in this patient since the initial date of injury (October 21, 2001), consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. On January 30, 2015, Utilization Review denied certification for Oxycodone 30 mg 1/2 to 1 tab twice daily as needed #120, indicating that multiple prior reviews had recommended weaning and the request was for an increased, rather than decreased dose. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations with an approach to weaning in this case would be valuable. More detailed expectations should be outlined with the patient regarding the treatment plan and follow up scheduling working to decrease opioid dependency. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the past recommendations for consideration of weaning, especially in light of lacking evidence of functional improvement, the request for medications currently requested is not considered in the opinion of this reviewer to be medically necessary and appropriate.