MAXIMUS Federal Services

Case Number:	CM15-0026647		
Date Assigned:	02/19/2015	Date of Injury:	07/23/2008
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial crush injury reported on 7/23/2008. He has reported continued and constant pain, radicular symptoms, and sweating; and was very distressed over denial of his medications; he also requested additional acupuncture for relief of pain. The diagnoses were noted to have included multiple crush injury fractures to the: pelvis, sacrum, left wrist, lumbar 4-5 transverse process, bilateral fibular fractures with urethral disruption; paraplegia; chronic intractable pain syndrome; major depression and generalized anxiety disorder. The accepted body parts for this injury are noted to be: pelvis, urology, urethra, neurogenic bladder with incontinence, low back, left wrist, bilateral legs/ankles, psyche, and hypertension and internal. A brain magnetic resonance imaging study on 3/25/2014, noted a right lateral ventricle non-enhancing circumscribed mass, or sub-ependymoma. Treatments to date have included multiple physical and psychological consultations, and neuropsychological evaluation (7/18/14); multiple diagnostic imaging studies; spinal cord stimulation implant for chronic pain syndrome (2011), removed in 2013; lumbar epidural steroid injection and sympathetic blocks (2010); water-based exercises and home exercise program; weaning from oxycodone (3/25/14); successful acupuncture therapy; single point cane; and continued medication management with an up-to-date pain agreement on file. The work status classification for this injured worker (IW) was noted to be 100% disabled and off work completely.The psychiatric supplemental medical - legal report of 9/28/2014, recommends continuation of opiate medications, without interruption, in order to avoid opiate withdrawal symptoms which then increase his anxiety and depression.On 1/30/2015, Utilization Review

(UR) non-certified, for medical necessity, the request, made on 1/21/2015, included MS Contin 15mg, 1 tab every morning, #30 - to 1 tab every morning, # 20 for the purpose of reduction and discontinuation. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids, when to continue opioids, long-term users of opioids & strategy for maintenance, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tab 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the Oxycodone 10 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker’s working diagnoses are multiple closed pelvic fractures disruption of pelvic circle; neurogenic bladder; degenerative disc disease lumbar spine; urinary incontinence; causalgia lower limb; low back pain chronic; lumbar radiculopathy; erectile dysfunction; traumatic paraplegia; chronic intractable back pain; depression; and combined opiate drug dependence. The documentation demonstrates the injured worker has been on Oxycontin as far back as 2010. The injured worker is taking Oxycodone 10 mg in conjunction with Oxycontin 60 mg and Oxycontin 10 mg. There is no clinical rationale in the medical record for three long acting opiates taken concurrently with no prior attempts of weaning. The injured worker states he is unable to function without these medications. Prior utilization review indicates the treating physician was instructed to wean the injured worker gradually off the combined opiates. There was no attempt to decrease the strength and frequency (attempt to wean) on the utilization review. There was no risk assessment in the medical record. There were no details with objective functional improvement documented in the medical record. Consequently, absent clinical documentation with detailed objective functional improvement with no attempt at weaning multiple opiates taken concurrently, Oxycodone 10 mg #120 is not medically necessary.