

Case Number:	CM15-0027590		
Date Assigned:	02/19/2015	Date of Injury:	03/28/2011
Decision Date:	03/31/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/13/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old male, who sustained an industrial injury on 03/28/2011. He has reported low back pain. The diagnoses have included low back pain; lumbar facet syndrome; and hand pain. Treatment to date has included medications, H-wave unit, physical therapy, and surgical intervention. Medications have included Norco, Risperidone, and Cymbalta. A progress note from the treating physician, dated 01/06/2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain, left hand pain and left elbow pain; activity level has increased; H-wave has been helpful; and medications are helpful. Objective findings included antalgic gait; tenderness on palpation of the lumbar paravertebral muscles with spasm; tenderness over the sacroiliac spine; and tenderness to palpation over the left elbow medial epicondyle. The treatment plan has included request for prescription medications. On 01/19/2015 Utilization Review modified 1 Prescription of Oxycodone HCL 5 mg #60, to 1 Prescription of Oxycodone HCL 5 mg #34. The CA MTUS was cited. On 02/12/2015, the injured worker submitted an application for IMR for review of 1 Prescription Oxycodone HCL 5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The 1 Prescription of Oxycodone HCL 5mg #60 is not medically necessary and appropriate.