

Case Number:	CM15-0216818		
Date Assigned:	11/06/2015	Date of Injury:	09/13/2003
Decision Date:	12/18/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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 49 year old female, who sustained an industrial injury on 9-13-03. The injured worker is diagnosed with chronic neck, thoracic and lumbar pain, upper extremity pain, and left knee pain, failed back surgery syndrome, multilevel cervical discogenic disease. Her work status is modified duty; however, she is not currently working per note dated 8-27-15. Notes dated 8-27-15 and 9-24-15 reveals the injured worker presented with complaints of neck, upper, mid, and low back pain that radiates pain to her upper, accompanied by numbness and tingling, and lower extremities. She reports constant headaches, difficulty sleeping, back cramps and legs locking. The pain is increased with standing and walking for 15 minutes and all activities. She reports she is able to sit for 30-45 minutes. She reports bowel and bladder function weakness and loss of perineal sensation. Physical examinations dated 6-24-15 and 8-27-15 revealed decreased and painful cervical spine range of motion. There is tenderness to palpation at the trapezius and left shoulder complex. The lumbar spine range of motion is decreased, the straight leg raise test was positive, bilaterally and the pelvic rock and sustained hip flexion is positive. There are "significant" spasms noted in her back. The 6-24-15 note states the CURES reports was reviewed and education provided regarding opiate use. Treatment to date has included medications- Oxycodone (10-2014), Flexeril, Lyrica, Ambien, Nexium and Miralax reduce her pain from 9 out of 10 to 3 out of 10; lumbar surgeries and dental care. Diagnostic studies include a urine toxicology screen dated 7-2-15, which was positive for oxycodone, oxymorphone, marijuana and tricyclic antidepressant. A request for authorization

dated 10-5-15 for Oxycodone 30 mg #120 is modified to #45, per Utilization Review letter dated 10-12-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: 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, long-term assessment, Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: Review indicates the request for Oxycodone was modified for continued weaning purposes. 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. It cites 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 specific improvement in daily activities or decreased in medical utilization. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing of opioid and use of overall medication profile with persistent severe pain for this chronic 2003 injury without acute flare, new injury, or progressive neurological deterioration. The Oxycodone 30mg #120 is not medically necessary and appropriate.