

Case Number:	CM15-0041511		
Date Assigned:	03/11/2015	Date of Injury:	03/17/2002
Decision Date:	04/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 61-year-old male, who sustained an industrial injury on March 17, 2002. He reported injury to his right ankle, right knee, back and shoulder. The injured worker was diagnosed as having post-laminectomy syndrome of lumbar region, encounter for long-term use of other medications, low back pain and lumbar radiculopathy. Treatment to date has included diagnostic studies, epidural injections and medications. On February 5, 2015, the injured worker complained of neck and back pain described as pressure, sharp, burning and a pins and needles sensation. The pain was rated as a 3 on a 1-10 pain scale. The pain was noted to interfere with most but not all daily activities. He stated that if he is weaned down on the OxyContin it would increase his pain and give him a decrease in his quality of life along with functionality. He stated that the medication continues to keep his pain fairly tolerable and stable. The treatment plan included a right transforaminal epidural L5, continue medications as directed and follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone cap 5mg #180 for breakthrough pain to allow this one (1) refill for purpose of weaning to discontinue with a reduction of MED by 10%-20% per week over 2-3months:
Overturned

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. 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 drug-related behaviors. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and 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. The pain center progress report dated 1/29/15 documented a history of lumbar spine surgery and lumbar post-laminectomy syndrome. Analgesia, activities of daily living, adverse side effects, and aberrant behaviors were addressed. Medical records document objective physical examination findings. Urine toxicology and state board of pharmacy report were in compliance. Medical records document regular physician clinical evaluations and monitoring. The request for Oxycodone is supported by the medical records and MTUS guidelines. Therefore, the request for Oxycodone 5 mg #180 is medically necessary.