

Case Number:	CM15-0043537		
Date Assigned:	03/13/2015	Date of Injury:	07/11/2007
Decision Date:	04/23/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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 52 year old male, who sustained an industrial injury on 07/11/2007. On provider visit dated 01/26/2015 the injured worker has reported ongoing back pain that shoots down left leg. He was noted to use a cane to assist with ambulation. On examination of his back he was noted to have muscle spasm palpable in the lumbar trunk area and a decreased range of motion. Left hip was noted to have tenderness over the greater trochanter and right shoulder exam revealed positive impingement sign with crepitus and decreased range of motion. The diagnoses have included low back pain, lumbar degenerative disc disease with radicular symptoms to left leg with disk herniation at L5-S1, bilateral hip pain with severe arthritis, and right shoulder girdle sprain/strain with chronic tendinopathy. Treatment to date has included medication and home exercise regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 10mg, #60: Overturned

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

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 break-through 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 4 A'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 progress report dated 1/26/15 documented that the patient is reporting ongoing back pain shooting down his left leg. He is using a cane for ambulation. He reports right shoulder pain. He is rating his pain a 9/10; at best a 4/10 with his medications, a 10/10 without them. He reports 50% reduction in his pain and 50% functional improvement with activities of daily living with the pain medications. Diagnoses were low back pain, lumbar degenerative disorder, radicular symptoms, disk herniation at L5-S1, bilateral hip pain with severe arthritis, right shoulder girdle sprain and strain with chronic tendinopathy. A narcotic contract has been signed. Urine drug screens have been appropriate. Medical records document objective physical examination findings. Analgesia, activities of daily living, and aberrant behaviors were addressed. Medical records document regular physician clinical evaluations and monitoring. The request for Oxycodone is supported by the MTUS guidelines. Therefore, the request for Oxycodone 10 mg #60 is medically necessary.