

Case Number:	CM15-0047717		
Date Assigned:	03/19/2015	Date of Injury:	12/04/2007
Decision Date:	04/24/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/13/2015

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, 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 63 year old male, who sustained an industrial injury on December 4, 2007. The injured worker was diagnosed as having chronic low back pain, lumbosacral degenerative disc disease (DDD), chronic pain syndrome and opioid dependence. Treatment and diagnostic studies to date have included opioid medication and home exercise. A progress note dated January 21, 2015 the injured worker complains of low back pain radiating to left leg rated 6.5/10. He reports being on a trip where he forgot to take his medication with him. He reports no change in pain and that his condition is stable. Physical exam notes no acute distress, no difficulty sitting or standing and normal gait. Lower extremity strength is 5/5 and he moves easily in the clinic. There is lumbosacral range of motion (ROM). The plan includes medication and risk management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 30mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone IR 30 mg #140 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state of the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic low back pain any: lumbosacral degenerative disc disease; chronic pain syndrome; and opiate dependence. Subjectively, according to a January 21, 2015 progress note, the injured worker takes Oxycodone IR 4 to 5 times day that helps. The injured worker states low back pain is stable and there is no change in his condition. Objectively, the worker is not in any acute distress. There is no difficulty sitting or standing. There is no stiffness in the back while sitting down or standing up from the chair. Strength in bilateral lower extremity is mostly 5/5. Lumbosacral flexion and extension are limited. The earliest progress note in the medical record is dated February 6, 2013. The treating physician prescribed OxyContin IR 30 mg QID. The VAS pain scale was 6/10. Subsequent progress notes dated September 19, 2013, April 8, 2014, in January 21, 2015, showed the VAS pain scale remained unchanged at 5-6/10. The worker has subjective complaints but objectively, on physical examination, there are minimal clinical findings. There is no documentation of objective functional improvement and, as noted above, the VAS pain scale has remained relatively static. Consequently, absent clinical documentation with positive objective clinical findings and objective functional improvement with ongoing OxyContin IR, absent pain assessments and risk assessments, and the unchanged VAS pain scale, Oxycodone IR 30 mg #140 is not medically necessary.