

Case Number:	CM15-0048747		
Date Assigned:	03/20/2015	Date of Injury:	01/23/1989
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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 61 year old male who sustained an industrial injury on January 23, 1989. He has reported low back pain and has been diagnosed with chronic pain nec. Treatment has included surgery, medications, and spine injections. Currently the injured worker complains of low back pain and radicular symptoms. The treatment request included oxycodone and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 10 mg Qty 120, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Oxycodone IR 10MG #120. Per 02/10/15 progress report, the

patient is currently taking Omeprazole, Oxycodone, Metoprolol succinate ER, Atorvastatin, Benazepril, Gabapentin and Amlodipine. The patient has been utilizing Oxycodone since at least 09/16/14. Work status is unknown. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater discusses analgesia, stating: "the patient states that Oxycodone helps reduce low back pain and radicular symptoms significantly by 30%. But the treater does not address all 4 A's as required by MTUS guidelines. The treater does not provide ADLs, side effects and adverse behavior. No specific ADL changes are noted showing significant functional improvement. No outcome measures are provided as required by MTUS. Urine drug screen is not mentioned either. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.