

Case Number:	CM15-0048931		
Date Assigned:	03/20/2015	Date of Injury:	04/20/2011
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
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 43 year old male, who sustained an industrial injury on 4/20/11. He reported pain in the lower back related to cumulative trauma. The injured worker was diagnosed as having lumbar facet pain and lumbar degenerative disc disease. Treatment to date has included lumbar MRI, lumbar radiofrequency, physical therapy and pain medications. As of the PR2 dated 1/21/15, the injured worker reports low back pain with radiation down both legs. The treating physician noted tenderness in the left lumbar facet joints and pain with left side extension and rotation. The treating physician requested to continue Oxycodone IR 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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 was injured on 04/20/2011, and presents with low back pain with radiation down to both legs. The request is for Oxycodone IR 10 mg #180. The RFA is dated 08/12/2014, and the patient is disabled. Patient has been taking oxycodone as early as 04/10/2014. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89, "Criteria for use of opioids for long-term users of opioids (6 months or more)" 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, criteria for use of opiates, ongoing management, also requires documentation of the 4As (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. The 04/10/2014 report states that, "With the medications, he is able to be somewhat active, assist in his family's store, and perform his ADLs. Without the medications, he states he is quite limited in his activities." The 05/19/2014 report states that, "He feels that the oxycodone has been providing some better pain relief this month." The 07/14/2014 report states that, "Medications are well tolerated. He has to take oxycodone around the clock to get any pain relief." The 11/06/2014 report states that the patient rates his pain as a 9/10. In this case, none of the 4As are addressed as required by MTUS guidelines. There are no pain scales describing before-and-after medication usage to document analgesia. There are no specific ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior / side effects. There are general statements provided; however, they do not clearly discuss the 4As. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS guidelines. No urine drug screens are provided to indicate if the patient is compliant with the medications prescribed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested oxycodone is not medically necessary.