

Case Number:	CM15-0054079		
Date Assigned:	03/27/2015	Date of Injury:	03/31/2010
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 62 year old female who sustained a work related injury on March 31, 2010, incurring back injuries. She was diagnosed with lumbar facet arthropathy, lumbar degenerative disc disease, and osteoarthritis. Treatment included pain medications, anti-inflammatory drugs, muscle relaxants and physical therapy. Currently the injured worker complained of constant severe lower back pain. The treatment plan that was requested for authorization included prescriptions for Oxycodone 10 mg, quantity 60 and Oxycodone CR, quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone TAB 10mg day supply 30 quantity 60.00 (Rx: 2/20/2015): Upheld

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

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

Decision rationale: The patient presents with chronic low back pain. The current request is for Oxycodone tab 10mg day supply: 30, quantity: 60. The treating physician states on 11/20/14 (92B) that the patient has grown tolerant to her current opiate analgesics and may have developed opiate induced hyperalgesia since higher doses of oxycodone have not provided significant pain relief and since she has shown signs of psychological addiction to opiates. Plans are documented for future inpatient opiate detox. The physician notes that the patient was "encouraged to decrease her oxycodone and oxycontin dosing this month if she is able to, which will help improve the chances of success with in patient suboxone induction." For chronic opiate use, MTUS Guidelines pages 88 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 4As (analgesia, ADLs, adverse side effects, and aberrant 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 4 A's are discussed. The IW does not have adverse side effects or aberrant behavior. There appears to be some reduction of pain. The most recent progress report states that there was minimal functionality. There is no indication that there is any improvement in ADLs with the use of the requested medication. The current request is not medically necessary and the patient should be slowly weaned per MTUS Guidelines. Recommendation is for denial. The request is not medically necessary.

Oxycontin 30mg CR day supply 30 quantity 90.00 (Rx: 2/20/2015): Upheld

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

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

Decision rationale: The patient presents with chronic low back pain. The current request is for Oxycontin 30mg CR day supply: 30, quantity: 90. The treating physician states on 11/20/14 (92B) that the patient has grown tolerant to her current opiate analgesics and may have developed opiate induced hyperalgesia since higher doses of oxycodone have not provided significant pain relief and since she has shown signs of psychological addiction to opiates. Plans are documented for future inpatient opiate detox. The physician notes that the patient was "encouraged to decrease her oxycodone and oxycontin dosing this month if she is able to, which will help improve the chances of success with in patient suboxone induction." For chronic opiate use, MTUS Guidelines pages 88 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 4As (analgesia, ADLs, adverse side effects, and aberrant 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 4 A's are discussed. The IW does not have adverse side effects or aberrant behavior. There appears to be some reduction of pain. The most recent progress report states that there was minimal functionality. There is no indication that there is any improvement in ADLs with the use of the requested

medication. The current request is not medically necessary and the patient should be slowly weaned per MTUS Guidelines. Recommendation is for denial. The request is not medically necessary.