

Case Number:	CM15-0080812		
Date Assigned:	05/01/2015	Date of Injury:	12/06/1996
Decision Date:	06/05/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 51 year old male who sustained a work related injury December 6, 1996. Past history included radiofrequency ablation left C2, 3, 4, 5, anterior cervical fusion C5-C7, and other cervical spine surgeries. According to a pain management physician's report, dated April 7, 2015, the injured worker presented with right sided neck pain, neck stiffness, low back pain and low back stiffness. He also complains of headache and numbness and tingling radiating down his legs. He reports to be using beer because of the decrease in his medication for pain. He has been on nasal oxygen at 2 liters since 2006. The pain is usually 6/10 and at its worst 9- 10/10. He has been tapered down from Oxycodone over the last year. Physical examination reveals spine curvature; flattening of normal lumbar lordosis, facet tenderness; painful right cervical, facet loading test; positive right cervical. His gait is antalgic and is unable to stand on heels and toes. Diagnoses are documented as; other chronic postoperative pain; obstructive chronic bronchitis without exacerbation; dietary surveillance and counseling; post-laminectomy syndrome cervical region. Treatment plan included discussion of the 4 A's of treating pain; analgesia, activities of daily living, adverse effects, and aberrant behaviors, request for authorization of Oxycodone IR 5mg # 120 x2; one to be filled 4/9/2015 and one to be filled 5/5/2015. Of note, the physician provided 2 prescriptions for Oxycodone #120 that the injured worker will pay for in cash, if needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: Oxycodone IR 5mg, #120 to be Filled 04/09/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 74-97.

Decision rationale: Oxycodone is a short-acting opioid. MTUS Guideline recommendations for opioids for chronic back pain state "Appears to be efficacious but limited for short-term pain relief and long term efficacy is unclear (> 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." In addition, on-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition the Guidelines state actions should also include "Continuing review of overall situation with regard to nonopioid means of pain control." There should be "Consideration of a consultation with a multi-disciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. Medical records indicate there has been little to no change in pain, functional status, or improvement in quality of life with opioids. According to MTUS Guidelines opioids should be continued if the patient has improved functioning or has returned to work. Opioids should be discontinued if there is no overall improvement in function. To this end the patient should be started on a weaning schedule as neither pain nor functional status have improved with opioids. Therefore, the above listed issue is considered NOT medically necessary.

Prospective: Oxycodone IR 5mg #120 to be filled 05/05/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 74-97.

Decision rationale: Oxycodone is a short-acting opioid. MTUS Guideline recommendations for opioids for chronic back pain state "Appears to be efficacious but limited for short-term pain relief and long term efficacy is unclear (> 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." In addition, on-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition the Guidelines state actions should also

include "Continuing review of overall situation with regard to nonopioid means of pain control." There should be "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. Medical records indicate there has been little to no change in pain, functional status, or improvement in quality of life with opioids. According to MTUS Guidelines opioids should be continued if the patient has improved functioning or has returned to work. Opioids should be discontinued if there is no overall improvement in function. To this end the patient should be started on a weaning schedule as neither pain nor functional status have improved with opioids. Therefore, the above listed issue is considered NOT medically necessary.