MAXIMUS Federal Services

Case Number:	CM15-0084625		
Date Assigned:	05/06/2015	Date of Injury:	09/29/1998
Decision Date:	06/10/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/04/2015

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 an 80 year old male who sustained an industrial injury on 09/29/1998. Diagnoses include myalgia and myositis, post laminectomy syndrome-lumbar region, degenerative lumbo/lumbosacral intervertebral disc, lumbago, spasm of muscle, lumbosacral spondylosis without myelopathy, thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included diagnostic studies, medications, status post lumbar fusion, physical therapy, home exercises, and spinal cord implantation. A physician progress note dated 03/30/2015 documents the injured worker complains of continued low back pain, left knee and right leg and foot pain. His average pain is rated as 8 out of 10, and his functional level is 8 out of 10. He ambulates with a mobility walker. The spinal cord stimulator is covering his back and leg somewhat. Medications include MS Contin to 60mg q 12 hour as needed baseline pain #60, from 30mg, 20mg 1 every 8 hours as needed for break through pain # 90, consider Fentanyl patch 50ugm and reduce/wean of MS Contin-option given, continue Oxycodone to 20mg from 30 mg 1- 4 times a day as needed for break through pain #120, continue Abstral 400ugm every day to twice a day as needed for severe breakthrough pain #32, continue Cymbalta 60mg from 90mg dosing, continue Miralax, hold Flector patches #30, consider limbrel, and discontinue Lyrica. The treatment plan is for continuation of medications as he needs them to function, return visit in 1-2 months, recommendation of a regular home exercise on an ongoing basis, obtain a reauthorization for right S1 joint reablation of S1, 2, 3 levels, and consider IT pump option if refractory. Treatment requested is for Oxycodone 20mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The patient was injured on 09/29/1998 and presents with chronic lumbar spine pain and neck pain. The request is for Oxycodone 20 MG #120. There is no RFA provided and the patient's work status is not provided. The patient has been taking Oxycodone as early as 10/13/2014. Treatment reports are provided from 10/13/2014 - 03/30/2015. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "criteria for use of opiates for long- term users of opiates (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 4 A'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. On 10/13/2014, the patient rated his pain as a 9/10. On 12/08/2014, the patient rated his pain as a 9/10. On 02/02/2015, the patient rated his pain as a 7/10. "UDT done 12/08/2014. Results consistent." On 03/30/2015, the patient rated his pain as an 8/10. In this case, none of the 4As are addressed as required by MTUS Guidelines. Although general pain scales are provided, the treater does not provide any before-and-after pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. The patient did have a urine drug screen conducted on 12/08/14 and was compliant with his prescribed medications. No outcomes measures are provided as required by MTUS Guidelines. 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.