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| Case Number: | CM15-0087681 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 08/28/2007 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/07/2015 |

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 53-year-old female, with a reported date of injury of 08/28/2007. The diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, lumbar annular fissure, lumbar facet hypertrophy, and lumbar central canal stenosis and neural foraminal stenosis. Treatments to date have included a lumbar discogram on 09/08/2014, an MRI of the lumbar spine on 04/03/2014 and 02/20/2015, oral medications, electrodiagnostic study, and greater trochanter corticosteroid injection. The MRI dated 02/20/2015 showed lumbar spondylosis, posterior osteophyte disc complex, and posterior disc protrusion. The narrative progress report dated 04/15/2015 indicates that the injured worker continued to use Oxycodone with good benefit for her ongoing pain complaints. She complained of ongoing neck pain with radiation down the mid scapular region, and rated 5 out of 10 without medication. She also complained of low back pain with radiation to the right hip, down the right buttock, and down the right lower extremity, and rated 8 out of 10 with medication. The low back pain was also rated 9 out of 10 without medication. An examination of the lumbar spine and lower extremities showed a normal gait, no evidence of weakness with walking on toes or heels, no evidence of scoliosis, normal lordosis, no palpable tenderness of the paravertebral muscles bilaterally, no tenderness over the sacroiliac joints, bilaterally, no tenderness over the sciatic notches, no tenderness over the bilateral flanks, no tenderness over the coccyx, and decreased sensation over the right L5 and S1 dermatome. On 03/17/2015, the injured worker's low back pain was rated 8.5 out of 10 without medications and 7.5 out of 10 with medications. The treating physician requested Oxycodone 10mg #90 for refill. It was noted that there was no significant adverse

side effects and no concern for abnormal behavior. There are increased activities of daily living with the use of the medications. It was also noted that the injured worker was consistent with follow-up care and had a current pain contract on file with the office.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids. There is no clear documentation of the efficacy/safety of previous use of Oxycodone. There is no clear justification for the need to continue the use of Oxycodone. Therefore, the prescription of Oxycodone 10mg #90 is not medically necessary.