MAXIMUS Federal Services

Case Number:	CM15-0235605		
Date Assigned:	12/11/2015	Date of Injury:	09/05/2009
Decision Date:	01/20/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	12/02/2015

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 65 year old female who sustained an industrial injury on 9-5-09. A review of the medical records indicates that the worker is undergoing treatment for lumbar spine laminectomy at L4-L5 (1-15-12), right lower extremity radiculitis, multilevel disc degeneration spondylosis, disc protrusion, osteoarthrosis component at some levels with resultant spinal canal stenosis, and severe bilateral neuroforaminal stenosis at L3 through S1, right shoulder rotator cuff tendinitis, bursitis and impingement. Subjective complaints (10-20-15) include constant lumbar spine pain that radiates into the right lower extremity and frequent right shoulder pain associated with dull, aching pain and soreness. Lumbar pain is aggravated by bending, stooping, standing and sitting and shoulder pain is aggravated by reaching, lifting, pulling and pushing. The worker is using a 4 point cane and notes that her condition is the same as the last exam. Current medications are Oxycodone 30 mg four times a day, Hydromorphone 2 mg four times a day and Lyrica 100mg two times a day. Objective findings (10-20-15) include (lumbar spine) tenderness with moderate muscle guarding over the bilateral paralumbar musculature and bilateral quadratus lumborum, tenderness over the sciatic notch, positive Lasegue's sign and straight leg raise, positive Kemp's, limping favoring the right lower extremity, and right shoulder crepitus and tenderness, pain present in all planes of motion, positive Apley's scratch test, impingement sign and cross arm test (on the right), and bilateral lower extremities reveal decreased light touch sensation over bilateral L5 and S1 dermatomal distribution. A urine toxicology report is dated 11-6-15. An opioid contract in noted as on file. Work status was noted as temporarily totally disabled. Previous treatment includes oral medication and topical topical creams, epidural injections with reported improvement, and surgery. A request for authorization is dated 10-20-15. The requested treatment of Oxycodone 30mg #20 was non-certified on 11-06-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg Qty 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 65 year old patient complains of neck pain, back pain, headaches, and right leg pain, as per progress report dated 10/28/15. The request is for OXYCODONE 30 mg Qty 20. The RFA for this case is dated 10/20/15, and the patient's date of injury is 09/05/09. The patient is status post lumbar laminectomy and status post cervical fusion, as per progress report dated 10/28/15. Diagnoses also included cervical discogenic syndrome, lumbar discogenic syndrome, carpal tunnel syndrome, shoulder pain, gastritis, vitamin D deficiency, and urinary incontinence. Medications include Norco, Dilaudid, Oxycodone, Neurontin, Ambien, Detrol LA, Prevacid, Oxycontin, Lyrica, Soma, Cymbalta, Lidoderm patch, Colace, Prilosec, Ativan and Belsomra. The patient is status post bilateral carpal tunnel release in 2009, as per progress report dated 08/19/15. The patient is temporarily totally disabled, as per progress report dated 10/28/15. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, Oxycodone is first noted in progress report dated 08/31/15. The patient is also on Norco and Dilaudid. Prior reports document the use of Oxycontin as well. As per progress report dated 10/28/15, it is not possible to reduce the patient's narcotic medications at this time because the patient has new pathology at L2-3 and L5-S1, which is a physiological consequence of previous injury. The treater further states that this should not be considered "continued treatment of the old injury." The patient has signed a treatment compliance contract and undergoes regular urine drug testing and pill counts, as per the same report. Several UDS reports have also been provided for review with the most recent one dated 11/04/15. The treater also indicates that the goal of the treatment is to return back to work. Oxycontin did help the patient but it was denied. The treater also insists that the patient has "always been evaluated according to function and the level of function and limitation of function pending the treatment..." As per progress report dated 10/20/15, the patient needs Oxycodone to ease her pain, resume work, and improve functional activities. In progress report dated 11/18/15 (after the UR denial date), the treater explains, "Medication is supposed to be less effective when there is new and increasingly severe pathology." MTUS, however, requires documentation of impact of opioid use on the patient's pain in terms of a change in pain scale. Additionally, the treater does not indicate objective functional improvement using validated instruments, or questionnaires

with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No CURES report has been provided to address aberrant behavior. The treater does not discuss the side effects of the opioid a s well. In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request IS NOT medically necessary.