

Case Number:	CM15-0245034		
Date Assigned:	12/24/2015	Date of Injury:	10/28/2000
Decision Date:	01/29/2016	UR Denial Date:	12/03/2015
Priority:	Standard	Application Received:	12/16/2015

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: Preventive Medicine, Occupational 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 65 year old female who sustained an industrial injury on 10-28-00. She is permanent and stationary. Medical records indicate that the injured worker has been treated for chronic low back pain with left L5-S1 radiculopathy, secondary to multi-level degenerative disc disease and stenosis; lumbar facet syndrome. She currently (11-20-15) complains of constant low back pain with a pain level of 8 out of 10 without medications and 5 out of 10 with medications. Medication increases her sitting and walking tolerance to 1 hour and without medication, it was 30 minutes. Physical exam of the lumbar spine revealed limited range of motion, tenderness over the L4 through S1 disc space, bilateral lumbosacral paraspinal muscles, mid sacrum, left posterior superior iliac spine and left sacroiliac joint, decreased sensation to light touch in left lower extremity. On 10-14-15, she went to the emergency room because of severe back and left groin pain and was given Dilaudid and Toradol with relief of pain. Per 10-20-15 note, she was taking oxycodone more frequently than prescribed due to severe pain flare-ups. Treatments to date include medications: Nucynta, oxycodone (since at least 2-3-14), Zorvolex, Cymbalta, tizanidine, Lidocaine Patch 5%; status post L5-S1 decompression (7-2014); physical therapy to the low back; left L3, L4 and L5 medial branch radiofrequency ablation (5-15-15); left L3, L4, L5 medial branch block (4-3-15). The request for authorization dated 12-1-15 was for oxycodone 10-325mg #240. On 12-3-15 Utilization Review non-certified the request for oxycodone 10-325mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain.

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed opioids for an extended period for an injury that occurred over 15 years ago. There is a lack of objective functional improvement despite long-term use of Oxycodone. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone 10/325mg #240 is not medically necessary.