

Case Number:	CM15-0245065		
Date Assigned:	12/24/2015	Date of Injury:	10/28/2003
Decision Date:	01/29/2016	UR Denial Date:	11/18/2015
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 57 year old male who sustained an industrial injury on October 28, 2003. Medical records indicated that the injured worker was treated for neck, back and knee pain. Medical diagnoses include cervical spine disc syndrome with strain-sprain disorder, radiculopathy and spinal stenosis, thoracic spine strain-sprain disorder, lumbosacral spine disc syndrome with strain-sprain disorder, radiculopathy and spinal stenosis, bilateral knee internal derangement with femoral neuropathies and chronic pain syndrome with idiopathic insomnia. In the provider notes dated October 12, 2015 the injured worker complained of neck, mid back, low back and bilateral knee pain with "sharp, stabbing pain, stiffness, weakness, numbness, paresthesia, instability and generalized discomfort." He reports good but partial response to treatment. On exam, the documentation stated there was tender and painful bilateral cervical, thoracic and lumbosacral paraspinal muscular spasms. Range of motion was decreased in the entire lumbar spine and in both knees. "Augmented touch-floor gap and reduced bilateral straight leg raise measurement." There was decreased sensation and strength in right C7 and right L5 spinal nerve roots. The treatment plan includes medication management. A Request for Authorization was submitted for Oxycodone 30mg #90. The Utilization Review dated November 18, 2015 modified the request for Oxycodone 30mg #90 to Oxycodone 30mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #90: 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): 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 Oxycodone and other opioids in a chronic manner without quantifiable pain relief or objective evidence of functional improvement. Additionally, his daily MED of 135 exceeds the recommended 120 MED. 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 30mg #90 is determined to not be medically necessary.