

Case Number:	CM14-0127288		
Date Assigned:	09/16/2014	Date of Injury:	06/07/2003
Decision Date:	11/19/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 60-year-old female with a 6/7/03 date of injury. At the time (7/10/14) of request for authorization for Oxycodone IR 10mg #30, there is documentation of subjective (moderate to severe pain) and objective (antalgic gait, tenderness to palpation over the lumbar paraspinal area from L1-S1, decreased lumbar range of motion, positive straight leg arise on the right, decreased strength of the bilateral lower extremities, and hyperesthesia in the right L4-5 dermatome and left L5-S1 dermatome) findings, current diagnoses (chronic low back and lower extremity pain with weakness, progression of lumbar degenerative disc disease, lumbar facet arthropathy, and lumbar radiculopathy), and treatment to date (ongoing therapy with Lyrica, Cymbalta, Ibuprofen, and Oxycodone with 50% improvement in pain, function and activities of daily living). Medical report identifies a pain medication agreement. In addition, 8/5/14 medical report identifies Oxycodone is needed on a daily basis to control moderate to severe chronic pain. There is no documentation that a continuous, around-the-clock analgesic is needed for an extended period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80; 92. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycontin. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Oxycodone. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic low back and lower extremity pain with weakness, progression of lumbar degenerative disc disease, lumbar facet arthropathy, and lumbar radiculopathy. In addition, there is documentation of chronic moderate to severe pain. Furthermore, given documentation of a pain medication agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation of ongoing therapy with Oxycodone resulting in 50% improvement in pain, function and activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Oxycodone use to date. However, despite documentation that Oxycodone is needed on a daily basis to control moderate to severe chronic pain, there is no (clear) documentation that a continuous, around-the-clock analgesic is needed for an extended period of time. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone IR 10mg #30 is not medically necessary.