

Case Number:	CM14-0136585		
Date Assigned:	09/03/2014	Date of Injury:	01/21/2010
Decision Date:	09/26/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 38 year old male with an injury date of 01/21/10. Based on 05/08/14 progress report provided by [REDACTED], the patient complains of pain in the cervical spine rated 4-5/10 at rest, increasing to 5-9/10 with increased activities. Low back pain is rated 2-3/10. Patient presents with upper and lower radicular symptoms. Patient also has persistent headaches. His symptoms are relieved by high doses of narcotics and NSAID medications. Physical Examination 05/08/14 showed very tight paravertebral musculature in cervical spine, range of motion is decreased, especially extension 10 degrees, upper extremities show normal reflexes. Diagnosis 05/08/14, chronic lumbosacral strain, chronic cervical spine strain, status post resection posterior fossa mass, grade 2, meningocele repair 08/2010 [REDACTED] is requesting Oxycodone 5/325mg #100 with 3 refills #4. The utilization review determination being challenged is dated 08/20/14. The rationale is lack of documented functional improvement, such as increased activities of daily living. [REDACTED] is the requesting provider, and he provided treatment reports from 03/04/14 - 09/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5/325mg #100 with 3 refills QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 60-61, 88-89.

Decision rationale: According to MTUS, pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines page 78 require documentation of the four A's (Analgesia, ADL's, Adverse side effects, Adverse drug seeking behavior), and "pain assessment" that include current pain level, average pain, least pain, time it takes for medication to be effective and duration of relief with medication. MTUS guidelines pages 88 and 89 also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, per 05/08/14 progress report, physician provides a general statement that patient's symptoms are relieved by high doses of narcotics. There are some pain scales given, which do not indicate duration it takes for medication to be effective, nor duration of relief with medication. Review of reports does not show how requested medication reduces pain and enables patient to undergo specific activities of daily living. The four A's are not specifically addressed including discussions regarding aberrant drug seeking behavior and adverse side effects, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.