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| Case Number: | CM14-0164378 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 06/04/1991 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 56 year old male who sustained an industrially related injury, involving his low back, on June 4 1991. Available medical records document a benign physical /neurological examination with 5/5 strength throughout, a slow but non-antalgic gait, normal low back range of motion and a subjective complaint of non-radiating low back pain in the 5/10 range. An MRI, done on an unknown date which is not included in records provided, is mentioned in the record as documenting disc protrusion at L4-5 with impingement into the foramen and disc degeneration. Available records document that a sacroiliac (SI) joint injection done on 6/17/13 provided reasonable improvement of symptoms. This individual takes diazepam (up to 20mg/day) for muscle spasms and oxycodone 10mg per day. There is mention in the record of opioid agreements but no testing is documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." While the exact date of initiation of opioid therapy is not documented, based on notations indicating refills of medications have been provided, it is safe to assume that he has exceeded the 2 week recommended treatment length for opioid usage. The prescription in question alone would exceed that length. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life, except as it relates to the SI injection. As such the request for oxycontin 10mg #120 is deemed not medically necessary.