

Case Number:	CM14-0169923		
Date Assigned:	10/16/2014	Date of Injury:	11/16/2008
Decision Date:	11/18/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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 67-year-old male with a 11/16/08 date of injury. At the time (6/27/14) of request for authorization for Oxycodone HCL ER 10mg, there is documentation of subjective (neck, shoulder, and low back pain) and objective (tenderness over the bilateral cervical paraspinal muscles, bilateral lumbar paraspinal muscles, bilateral cervical facets, bilateral lumbar facets, and right shoulder; 0/4 patellar reflex on the right and 4/5 muscle strength with deltoid biceps and triceps on the right), current diagnoses (pain in joint, shoulder region; degenerative cervical intervertebral disk, pain in lower leg joint; long term (current) use OTH med; and lumbago), and treatment to date (medications (including ongoing treatment with Oxycodone, naproxen, and OxyContin)). Medical report identifies that pain medications provided the patient the ability to perform household chores and that without medications the patient would not sleep through the night, stand for longer than 15 minutes, or perform household chores. There is no documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time; and 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL ER 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 74-80, 92.

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 Oxycodone. 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 pain in joint, shoulder region; degenerative cervical intervertebral disk, pain in lower leg joint; long term (current) use OTH med; and lumbago. In addition, there is documentation of ongoing treatment with Oxycodone. Furthermore, given documentation that pain medications provided the patient the ability to perform household chores and that without medications the patient would not sleep through the night, stand for longer than 15 minutes, or perform household chores, there is documentation of functional benefit; and an increase in activity tolerance as a result of Oxycodone use to date. However, despite documentation of pain, there is no (clear) documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. In addition, there is no 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. Therefore, based on guidelines and a review of the evidence, the request Oxycodone HCL ER 10mg is not medically necessary.