MAXIMUS Federal Services

Case Number:	CM14-0176648		
Date Assigned:	10/29/2014	Date of Injury:	02/25/2002
Decision Date:	12/05/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/24/2014

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 and 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 60-year-old male with a date of injury of 02/25/2002. The listed diagnoses per [redacted] are:1. Multilevel lumbago with bilateral radiculopathy.2. Status post spinal cord stimulator implantation.3. Sacroiliac joint and facet joint arthropathy.4. Myofascial pain.5. Reactive sleep disturbance and reactive depression and anxiety.6. Left knee arthroplasty, status post surgery with anterior cruciate ligament repair.7. Right shoulder arthropathy.8. Recent fall and right knee injury trauma.According to progress report, 09/19/2014, the patient is status post left knee arthroscopy on 05/22/2014. The patient also continues to complain of low back pain with both axial and radicular pain. Patient's current VAS score is noted as 6/10. Treater states that the patient has been utilizing oxymorphone for control of baseline pain and oxycodone for general and breakthrough pain, and these medications have "significantly reduced the patient's pain levels and in turn have resulted in improvement of function and activities of daily living." It is noted that patient is able to maintain his house and his yard with current medication regimen. Examination demonstrated sciatic notch tenderness bilaterally. There is focal tenderness over the facets, worse on the right side with a positive provocative sign. The patient has significant pain with flexion and extension with movements of the trunk. The treater is requesting oxymorphone HCl ER 40 mg #60 for baseline pain. The patient is currently temporarily totally disabled. Utilization review denied the request on 10/11/2014. Treatment reports from 01/08/2014 through 09/19/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxymorphone HCI ER 40mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 78,88,89.

Decision rationale: This patient is status post left knee surgery with continued pain in his knee as well as low back axial and radicular pain. The treater has requested a refill of Oxymorphone HCl ER 40 MG #60. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been taking this medication since at least 01/07/2014. Progress report, 03/11/2014, indicates that the patient's current medication regimen "helps substantially with control of pain and does allow him to remain functional, both in and outside of the home." It was noted the patient is able to maintain his yard including mowing the lawn, trimming bushes and hedges, and other household projects. UDT from 05/16/2014 indicates the patient is taking medications as prescribed. Report 07/11/2014, states that the patient continues to use oxymorphone ER for control of baseline pain and is able to perform activities such as cooking, cleaning, washing as well as taking care of his personal hygiene with this medication. He is experiencing some pain in his stomach as a side effect. Treater goes on to note that with medications, patient is able to tolerate exercises. In this case, the treater discusses analgesia and provides specific functional improvement with opiate therapy. Adverse side effects are discussed which included upset stomach. Urine drug screens are randomly administered which are consistent with the medications prescribed. Given the efficacy of this medication and treater's sufficient documentation for opiate management, recommendation is medically necessary.