

Case Number:	CM14-0173187		
Date Assigned:	10/24/2014	Date of Injury:	11/29/2008
Decision Date:	09/08/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker (IW) is a 50-year-old male who sustained an industrial injury on 11/29/2008. The original injury report and mechanism of injury are not found in the records provided. The injured worker was diagnosed as having: Right sacroiliac joint pain. Facet joint pain. Treatment to date has included medications, and fluoroscopy -guided bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation. Currently, the injured worker complains of bilateral low back pain radiating into the right buttock, lateral thigh, and anterolateral calf. He rates the pain as a 5 on a scale of 0-10. He has a 70% improvement since having a fluoroscopy -guided bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation. Current medications include Lyrica, Senokot, Lisinopril, Zocor, Zoloft, Flector 1.3% patches, Celebrex, and Oxycodone. There is no evidence of adverse side effects of the medications or aberrant behavior. On examination, the lumbar ranges of motion were restricted in all planes. He had sacroiliac joint tenderness upon palpation of the right sacroiliac joint sulcus. Muscle stretch reflexes were symmetric bilaterally in all limbs. Muscle strength was normal in all limbs. The treatment plan was to renew the worker's medications. A request for authorization was made for the following: Retrospective request for Oxycodone 10/325mg #120 (1 tab po qid prn) DOS: 10/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Oxycodone 10/325mg #120 (1 tab po qid prn) DOS: 10/3/14:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient has ongoing bilateral low back pain, radiating to the right buttock, lateral thigh, and anterolateral calf. The current request is for a Retrospective request for Oxycodone 10/325mg #120 (1 tab po qid prn) DOS: 10/3/14. The attending physician in his 5/20/14 appeal report states "lumbar facet pain was treated by RFA, but the patient continues to have sacroiliac joint pain that is not decreased by the RFA. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. In this case, it appears that the RFA had a 70% reduction in pain related to the lumbar spine, but no relief of the pain originating from the sacroiliac joint. There is a record of a consistent urine drug screen. There is a notation that the medication is not having a detrimental effect and the patient is not displaying signs of aberrant behavior. There is an Oswestry pain questionnaire which shows improved functional ability through the use of oxycodone. Based upon the medical documentation made available for review, the records support medical necessity. The current request for Oxycodone is medically necessary.