MAXIMUS Federal Services

Case Number:	CM14-0212369		
Date Assigned:	01/02/2015	Date of Injury:	12/08/1999
Decision Date:	03/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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
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 patient is a 52 year old female with an injury date of 12/08/99. Based on the 06/20/14 progress report, the patient complains of diffuse neck pain, low back pain, bilateral lower extremity pain, and hip pain. She describes the pain as an aching and a lancinating sensation. She has a history of chronic pain syndrome, depression, dyspepsia, hypertension, insomnia, myofascial pain, obesity, opiate tolerance, and osteoarthritis. There are no positive exam findings provided on this report. The 09/12/14 report states that the patient has difficulty sleeping despite current treatment. She has a compromised mood due to her painful condition. No exam findings were provided on this report. She is currently taking Cymbalta, Protonix, Topamax, Oxycodone HCl, Hydrochlororthiazide, Metoprolol, and Ritalin. The patient's diagnoses include the following: 1.Lumbar or lumbosacral disc degeneration 2.Cervical disc degeneration 3.Thoracic or lumbosacral neuritis or radiculitis not otherwise specified 4.Cervicalgia 5.Obesity not otherwise specified 6.Depressive disorder not elsewhere classified 7.Chronic pain syndrome 8.Osteoarthritis not otherwise specified unspecified site 9.Myalgia and myositis not otherwise specified 10. Sleep disturbance not otherwise specified 11.Electronic prescribing enabled 12. Encounter for long-term use of other medications 13. Pain in joint of multiple sites 14. Pain in joint of pelvic region and thigh. The utilization review determination being challenged is dated 12/03/14. There are two treatment reports provided from 06/20/14 and 09/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #60 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

Decision rationale: The patient presents with diffuse neck pain, low back pain, bilateral lower extremity pain, and hip pain. The request is for OXYCODONE 15 MG #60 WITH 2 REFILLS. The patient has been taking Oxycodone as early as 06/20/14. MTUS Guidelines pages 88 - 89 states, "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. The patient feels that her "medications are effective in providing an increased level of function, not experienced undue adverse side effects, using controlled substances as prescribed, not displayed aberrant drug behaviors or signs of diversion. The patient has a signed medication agreement on file and is subject to random urine screens when applicable and states Oxycodone helped reduce her medication."Although the patient has no side effects/adverse behavior and the medications provide "increased level of function," not all 4 A's are clearly addressed. The treater fails to provide any pain scales. She states that her "medications are effective in providing an increased level of function." This general statement does not mention how and by how much patient's mobility, tolerance of ADL, and exercises are improved to show that they have resulted in significant functional improvement. There is no use of validated instrument to show functional changes either. The patient has a signed medication agreement on file; however, there are no recent urine drug screens provided to monitor for medicine compliance. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opiate use. The requested Oxycodone IS NOT medically necessary.