MAXIMUS Federal Services

Case Number:	CM14-0216432		
Date Assigned:	01/06/2015	Date of Injury:	06/11/1998
Decision Date:	02/25/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 is a 56 year old male with a work related injury dated 06/11/1998 after a fall while placing ceiling dry wall. According to a primary physician's progress report dated 11/26/2014, the injured worker presented with complaints of history of low back and bilateral lower extremity pain and some discomfort in the left hand after tripping and falling and breaking his fall with his left arm and hand. The injured worker stated that his current pain medication level is allowing him to work full-time at his new job and no reported side effects. Other treatments noted included back surgeries and physical therapy. Diagnoses included myofascial pain syndrome, lumbar radiculopathy, chronic pain syndrome, postlaminectomy syndrome lumbar region, and chronic low back pain. Diagnostic testing included urine drug screen on 09/24/2014 and no inconsistent results were found. Work status is noted as permanent and stationary while working 6 days a week, 48 hours.On 12/16/2014, Utilization Review non-certified the request for Oxycodone HCL 30mg #90 citing California Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated using the MED factor for oxycodone of one and a half equates to a total daily dose of 855mg, which is in far excess of the recommended maximum 120mg. Although the injured worker stated that he was able to work because of the medications, dosing this high is not warranted and likely cannot be maintained without adverse effects. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Oxycodone HCL 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone HCl 30 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnoses are myofascial pain syndrome; lumbar radiculopathy; chronic pain syndrome; post laminectomy syndrome lumbar; and chronic low back pain. The documentation indicates the injured worker was taking oxycodone HCl 30 mg and OxyContin 80 mg. The documentation does not contain a clinical rationale for the dual use of two opiates. There were no pain assessments in the medical record. There were no risk assessments in the medical record and there were no urine drug screens in the medical record. There was no documentation of objective functional improvement with respect to opiate used in the medical record. Consequently, absent clinical documentation to support the ongoing use of oxycodone HCl 30 mg based on no objective functional improvement, clinical rationale for the dual use of two opiates, Oxycodone HCl 30 mg #90 is not medically necessary.