MAXIMUS Federal Services

Case Number:	CM14-0046933		
Date Assigned:	07/02/2014	Date of Injury:	04/01/2001
Decision Date:	05/18/2015	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/15/2014

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The 54 year old male injured worker suffered an industrial injury on 4/01/2001. The diagnoses included major depressive disorder, chronic pain disorder and lumbar bulging discs. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications and chiropractic therapy and psychodiagnostics. The documentation provided included only psychological/psychiatric exams. The 12/31/2013 note reported chronic pain due to spinal injury. The treatment plan included Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids and Opioids for chronic pain and ongoing management Page(s): 76-77 and 80-84 and 78-80.

Decision rationale: Oxycodone 10mg #80 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The treating physician is prescribing opioids without clear evidence of the considerations and expectations found in the MTUS and similar guidelines. Prescribing of opioids for chronic pain without a very specific treatment plan based on functional improvement predictably results in patients with sustained poor function, high pain levels, dependency on opioids, and significant opioid side effects. The MTUS recommends urine drug screening for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. Furthermore, the documentation states that the patient has a history of illicit drug use. Opioids are minimally indicated for neuropathic pain. The documentation does not indicate a treatment plan which is recommended by the MTUS including prescribing opioids based on function, with specific functional goals, return to work, random drug testing, and an opioid contract. None of these aspects of prescribing are in evidence on the documentation submitted as well as no evidence of functional improvement despite being on long-term Oxycodone. The request for continued Oxycodone is not medically necessary.