

Case Number:	CM14-0071699		
Date Assigned:	07/16/2014	Date of Injury:	03/01/1998
Decision Date:	06/01/2015	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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:

The injured worker is 47 year old male, who sustained an industrial injury on March 1, 1998. The injured worker has been treated for low back complaints. The diagnoses have included lumbago, degenerative lumbar/lumbosacral intervertebral disc and lumbar post-laminectomy syndrome. Treatment to date has included medications, radiological studies, physical therapy, transcutaneous electrical nerve stimulation unit, trigger point injections and a lumbar laminectomy. Current documentation dated May 6, 2014 notes that the injured worker reported increased pain on the right side from the buttock to the outer surface of the knee where he has no feeling. Examination of the lumbar spine revealed tenderness to palpation of the lumbar and right gluteal region, a decreased range of motion and decreased sensation to light touch on the right. The injured workers pain level was noted to be a four out of ten on the visual analogue scale with medications. The current pain medications allow the injured worker to complete his activities of daily living. The treating physician's plan of care included a request for the medications Oxycodone 20 mg # 120 and Opana ER 40 mg # 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycodone 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to continue Opioids.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Oxycodone 20 mg #120 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, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago; degenerative lumbar / lumbosacral inter-vertebral disc; and post laminectomy syndrome lumbar region. The documentation shows the injured worker was taking Oxycodone and MS Contin as far back as 2005. The progress of 2008 shows the injured worker was taking Oxycodone and OxyContin with Soma and Flexeril. In a May 6, 2014 progress note the injured worker is using Oxycodone 20 mg one tablet every six hours #120 and Opana ER 40 mg three tablets in the morning and two tablets in the evening. Subjectively, the injured worker has increased pain in the right buttock that radiates to the knee. The injured worker used a TENS and received physical therapy. There is no documentation evidencing objective functional improvement with Oxycodone. Additionally, 2 long acting opiates, Oxycodone and Opana ER are not clinically indicated. There is no clinical rationale for the use of 2 long acting opiates. Oxycodone 20 mg was denied any prior utilization review according to #1084744. Consequently, absent compelling clinical documentation with objective functional improvement, a clinical indication and rationale for 2 long acting opiates and a prior utilization denial (UR #1084744), one prescription Oxycodone 20 mg #120 is not medically necessary.