

Case Number:	CM15-0016557		
Date Assigned:	02/04/2015	Date of Injury:	10/27/2003
Decision Date:	03/20/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/28/2015

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: Preventive Medicine, Occupational 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 a 39 year old male, who sustained a work related injury on 10/27/03. The diagnoses have included lumbosacral neuritis and lumbago. Treatments to date have included EMG/NCS study of bilateral legs, oral medications including Oxycodone and Methadone, 4 back surgeries, a failed spinal cord stimulator trial, a detoxification program, a pain program and physical exercise in a gym. In the PR-2 dated 1/14/15, the injured worker complains of lower back pain. He rates the pain a 10+++ without medications and a 6-9/10 on medications. He exercises daily which helps his pain control. On 1/23/15, Utilization Review non-certified prescription requests for Oxycodone HCl 15mg., #50 with 2 refills and Methadone 10mg., #120 with 2 refills. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hydrochloride Tab 15 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,80,89. Decision based on Non-MTUS Citation Pain

Decision rationale: MTUS Guidelines support the use of long acting and intermittent short acting opioids when there is pain relief, functional benefits and no recurrent aberrant drug related behaviors. Opioid weaning has been unsuccessful as has a switch to Bupenorphine. There is reported to be a 20% -30 % decrease in pain and function is maintained with frequent gym visits. Self reporting of medication use is as prescribed with prn use of Oxycodone (ave one per day, prescribed 50/month) and twice daily use of Methadone. No episodic drug screens are performed as recommended by Guidelines and no periodic CURES report inquiries are documented. These medications may be medically reasonable, but the prescribing physician does not meet Guideline standards to support their ongoing use. Due to the lack of appropriate screening to evaluate for concurrent illegal use of drugs, check for diversion and/or to confirm appropriate use of prescribed opioid,s the continued chronic use of daily opioids is not supported by Guidelines. The Oxycodone tab 15mg. is not medically necessary.

Methadone 10mg Tab 1C: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,80,89. Decision based on Non-MTUS Citation Pain

Decision rationale: MTUS Guidelines support the use of long acting and intermittent short acting opioids when there is pain relief, functional benefits and no recurrent aberrant drug related behaviors. Opioid weaning has been unsuccessful as has a switch to Bupenorphine. There is reported to be a 20% -30 % decrease in pain and function is maintained with frequent gym visits. Self reporting of medication use is as prescribed with prn use of Oxycodone (ave one per day, prescribed 50/month) and twice daily use of Methadone. No episodic drug screens are performed as recommended by Guidelines and no periodic CURES report inquiries are documented. These medications may be medically reasonable, but the prescribing physician does not meet Guideline standards to support their ongoing use. Due to the lack of appropriate screening to evaluate for concurrent illegal use of drugs, check for diversion and/or to confirm appropriate use of prescribed opioids, the continued chronic use of daily opioids is not supported by Guidelines. The Methadone tab 15mg. is not medically necessary.