

Case Number:	CM15-0018628		
Date Assigned:	02/06/2015	Date of Injury:	12/12/2002
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 injured worker is a male who sustained an industrial injury on December 12, 2002. The diagnoses have included thoracic lumbar disc disease, lumbosacral neuritis. Treatment to date has included medications, daily exercise. A physician's report of August 12, 2014 revealed the injured worker had persistent low back pain with radiation of pain to the right lower extremity. He rates the pain a 7-8 on a 10/point scale. There was increased pain with straight leg raise of the right lower extremity and his range of motion was limited. On January 8, 2015 Utilization Review non-certified a request for oxycodone 30 mg #180, Opana ER 40 mg #90, noting that there was no report of functional improvement attributed to taking the medications. The California Medical Treatment Utilization Schedule was cited. On February 2, 2015, the injured worker submitted an application for IMR for review of oxycodone 30 mg #180, Opana ER 40 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase of Oxycodone 30mg #180: 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): 76-78, 88-89.

Decision rationale: The 56 year old patient presents with pain in neck and lower back, rated at 8/10, as per progress report dated 12/30/14. The request is for PHARMACY PURCHASE OF OXYCODONE 30 mg # 180. There is no RFA for this case, and the patient's date of injury is 12/12/02. Diagnoses, as per progress report dated 12/01/14, included lumbar degenerative disc disease, and cervical degenerative disc disease. The patient is status post right rotator cuff repair, as per the same report. In progress report dated 08/12/14, the patient reports low back pain radiating to the right lower extremity. The patient is not working, as per progress report dated 12/30/14. MTUS Guidelines pages 88 and 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 4As (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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Oxycodone is first noted in progress report dated 07/17/14. In progress report dated 12/30/14, the treater states that medications help 80%. The treater also states that medications are well tolerated and the patient is not experiencing any side effects. UDS report dated 07/17/14 is consistent with opioid use. CURES report dated 06/18/14 is consistent, as per progress report dated 07/17/14. The treater, however, does not demonstrate a measurable improvement in function before and after opioid use. Although the patient can sit and stand for 20 - 30 minutes and sleep for 4-5 hours, he is not working and cannot walk without pain. While opioids are having an impact on the patient's pain, their effect on the patient's function is not documented clearly. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Pharmacy Purchase of Opana ER #90: 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): 76-78, 88-89, 90.

Decision rationale: The 56 year old patient presents with pain in neck and lower back, rated at 8/10, as per progress report dated 12/30/14. The request is for PHARMACY PURCHASE OF OPANA ER # 90. There is no RFA for this case, and the patient's date of injury is 12/12/02. Diagnoses, as per progress report dated 12/01/14, included lumbar degenerative disc disease, and cervical degenerative disc disease. The patient is status post right rotator cuff repair, as per the same report. In progress report dated 08/12/14, the patient reports low back pain radiating to the right lower extremity. The patient is not working, as per progress report dated 12/30/14. MTUS Guidelines pages 88 and 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 4As (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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Opana is first noted in progress report dated 07/17/14. In progress report dated 12/30/14, the treater states that medications help 80%. The treater also states that medications are well tolerated and the patient is not experiencing any side effects. UDS report dated 07/17/14 is consistent with opioid use. CURES report dated 06/18/14 is consistent, as per progress report dated 07/17/14. The treater, however, does not demonstrate a measurable improvement in function before and after opioid use. Although the patient can sit and stand for 20 - 30 minutes and sleep for 4-5 hours, he is not working and cannot walk without pain. While opioids are having an impact on the patient's pain, their effect on the patient's function is not documented clearly. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.