

Case Number:	CM15-0115092		
Date Assigned:	06/23/2015	Date of Injury:	03/01/2004
Decision Date:	07/29/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania

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 a 49 year old male, who sustained an industrial injury on March 1, 2004. He reported right knee pain and low back pain. The injured worker was diagnosed as having internal derangement of the bilateral knees, status post right knee meniscectomy, lumbar radiculopathy, discogenic lumbar condition and ankle joint inflammation. Treatment and evaluation to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, physical therapy, epidural steroid injections, acupuncture, medications, a back brace and work restrictions. Currently, the injured worker complains of continued low back pain radiating into bilateral lower extremities, worse on the right lower extremity. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 12, 2012, revealed continued pain as noted. He was started back on OxyContin 80mg three times daily secondary to requiring extra Norco for breakthrough pain when using an alternative pain medication. He reported continued low back pain, bilateral knee pain, tingling and numbness radiating to the right lower extremity. Magnetic resonance imaging revealed disc herniations in the lumbar spine. He continued to require pain medications however was noted to have functional improvements. It was noted he wished to have a membership for pool therapy since he was unable to perform land based exercises. Evaluation on May 7, 2015, revealed he could now walk 2-3 blocks rather than half a block without medication. An inconsistent urine drug screen was discussed and a new opiate agreement was noted. Oxycodone 30mg #180 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 opioids
Page(s): 74-96.

Decision rationale: This injured worker has chronic back pain. Oxycodone has been prescribed almost three years. The MTUS provides guidelines for the use of opioids for chronic pain. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. An opioid contract was documented. A recent urine drug screen was discussed and was noted to be inconsistent; results were not submitted. There was no discussion of functional goals, and it was noted that the injured worker was not working. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although the treating physician has noted a small increase in walking distance as a result of use of medication, there was no discussion of other improvement in specific activities of daily living, the injured worker continues to be not working, and office visits in 2015 have continued at the same approximately monthly frequency. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The pain levels have remained comparable. In addition, it is recommended that daily dosing of oral medications do not exceed 120mg morphine equivalents. Thirty milligrams, six times daily equal a morphine equivalent dose (MED) of 270 which far exceeds the recommendation of 120 MED per day. The treating physician has not discussed the reason for this dose of opioid medication. For these reasons, the request for oxycodone is not medically necessary.