

Case Number:	CM15-0115787		
Date Assigned:	06/24/2015	Date of Injury:	11/01/2001
Decision Date:	07/29/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, Michigan
 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 62 year old, female who sustained a work related injury on 11/1/01. The diagnoses have included post-laminectomy syndrome cervical region, post-laminectomy syndrome lumbar/failed back syndrome, lumbar spinal stenosis, lumbosacral neuritis/radiculitis, lumbar disc disease, scoliosis and muscle spasm. Treatments have included oral medications, intrathecal pain pump, back surgeries and physical therapy. In the PR-2 dated 5/13/15, the injured worker complains of mid and low back pain, bilateral leg pain and neck pain. She rates her pain level a 7/10. At best, her pain severity is an 8/10 and at worst, the pain severity is a 10/10. On physical examination, she has decreased range of motion in lumbar spine. She has tender trigger points in the low lumbar areas bilaterally. She has tenderness over lower facet joints. The provider did discuss weaning of medications with her over the last few visits. The treatment plan includes a weaning prescription for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg #180: Overturned

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 (78, 89, 95).

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. it is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. The provider and the injured worker have had discussions on the weaning down of medications. She has already been started on weaning dosages of the Oxycodone and her regimen is gradually being reduced. Therefore, for the purpose of continued weaning this request for Oxycodone 15mg. #180 is medically necessary.