MAXIMUS Federal Services

Case Number:	CM15-0115900		
Date Assigned:	06/24/2015	Date of Injury:	03/12/2001
Decision Date:	07/29/2015	UR Denial Date:	06/05/2015
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: New York
Certification(s)/Specialty: Pediatrics, 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 46 year old male, who sustained an industrial injury on 12/17/12. He reported a sharp pain in back while moving furniture. The injured worker was diagnosed as having post-operative syndrome and chronic pain syndrome. Treatment to date has included radiofrequency ablation of right sacroiliac joint, 2 lumbar laminectomies, one post-operative revision, lumbar epidural steroid injections, chiropractors, physical therapy, pain management and oral pain medications including OxyContin, Oxycodone, Clonazepam and Deplin. Currently, the injured worker complains of lower back and leg pain with numbness in both legs. Laboratory testing for Oxycodone was within therapeutic range for opiate tolerance and urine drug testing was consistent for Oxycodone on 4/15/15. Physical exam and subjective complaints were unchanged for past few months. He notes significant improvement since starting Deplin. Physical exam noted tenderness to palpation over the upper and lower trapezius with movement, lumbar surgical scar and tenderness over entire upper and lower back and ileolumbar tenderness and is unable to flex or extend at waist. The treatment plan included a return office visit, OxyContin 30mg #180, Oxycodone 30mg #240, Clonazepam 1g #90 and Deplin 15mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release, Long-Term Opioid Use, When to Continue Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-89.

Decision rationale: According to MTUS guidelines long term use of opioids is discouraged and if used it should be the lowest possible dose needed to improve pain and function. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend opioids should be discontinued if there is no overall improvement in function and dosing should not exceed 120mg morphine equivalent dose per day. The treating physician did not document improvement in pain but did note improvement in function as the injured worker stated he was able to do more work around the house. The injured worker has been taking the opioids for greater than 6 months. The complaints from the injured worker and physical exam by the treating physician were unchanged for the past 6 months. The total daily opioid dosing also greatly exceeds the limit guidelines noted to be safe. Therefore, the request for Oxycodone 30mg #240 is not medically necessary.