

Case Number:	CM15-0118890		
Date Assigned:	06/29/2015	Date of Injury:	04/18/1997
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 (IW) is a 56-year-old male who sustained an industrial injury on 04/18/1997. Diagnoses include postlaminectomy lumbar region/failed back syndrome; pain in joint, shoulder region; spinal stenosis, lumbar region; depressive disorder NEC; long-term current use of other medication; myalgia and myositis unspecified; cervical spondylosis without myelopathy; lumbosacral spondylosis without myelopathy. Treatment to date has included medications, epidural steroid injections, medial branch nerve blocks, joint injections, trigger point injections, chiropractic treatment, massage therapy, TENS unit, Botox injections, implanted pain pump (which was removed) and physical therapy. He reported facet injections, trigger point injections, pain pump and chiropractic treatments were not helpful. According to the progress notes dated 5/19/15, the IW reported chronic burning, stabbing pain in the neck and the low back rated 9/10, without radiation from the neck to the arms. He stated his best pain was 5/10 and worst pain was 9/10. He had a diagnosis of renal failure and was on dialysis. He had weaned his opioid use from 450mg daily morphine equivalents to 270mg MEDs. He was unable to attend a detox program due to time needed for dialysis. The provider stated the IW's blood pressure was severely labile and advocated for a stable opioid dose to determine if the varying doses were associated with blood pressure changes. He had signed the controlled substance agreement, had been screened by urine drug testing and was demonstrating he was compliant with the program. He was planning a trip to his home in the [REDACTED] for a month and requested an extra month of medication. He was completely off of his OxyContin, and Oxycodone was the only pain medication he was taking. On examination, range of motion (ROM) of the cervical spine was 75% of expected and

there were taut, tender paravertebral and trapezius muscles with noted trigger points. Lumbar ROM was also reduced to 75% of expected. The lower facet joints were tender to palpation and trigger points were present in the lower back bilaterally. There was no blood pressure listed for 5/19/15; previous BPs were 153/81 on 2/5/13, 142/69 on 6/10/14, 175/88 on 2/10/15, and 118/56 on 3/10/15. A request was made for Oxycodone 30mg, #180 (two prescriptions given).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg Qty #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79 and 120.

Decision rationale: Regarding the request for Oxycodone, California Pain Medical Treatment Guidelines state that Oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Also, opioid are not indicated for the treatment of labile blood pressure. Documentation shows blood pressure improving with appropriate blood pressure medications. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Oxycodone is not medically necessary.