MAXIMUS Federal Services

Case Number:	CM15-0122843		
Date Assigned:	07/07/2015	Date of Injury:	08/16/1997
Decision Date:	08/10/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/25/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male, who sustained an industrial injury on August 16, 1997.Treatment to date has included radiofrequency ablation, opioid medications, home exercise program, and physical therapy. Currently, the injured worker complains of low back pain. He describes the pain as constant with intermittent flare-ups, aching, sharp, shooting, throbbing and burning. He rates the pain an average of 6 on a 10-point scale and notes that the pain is made worse with twisting, turning, bending, increased activity and cold weather. The pain is relieved with lying flat, medications and physical therapy. The injured worker reports an overall 30% improvement in function with the use of medications. He reports that he is able to perform household chores such as cooking, cleaning, and vacuuming. The diagnoses associated with the request include lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease, and lumbar radiculopathy. The treatment plan includes Avinza and Oxycodone as needed. On physical examination, the injured worker has an antalgic gait. He reports tenderness to palpation over the bilateral lumbar paravertebral regions of L4-5 and L5-S1. Straight leg raise tests are negative bilaterally and his lumbar range of motion is limited with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg #168: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the available medical records reveals that the injured worker was able to perform household chores including cooking, cleaning, vacuuming, etc, with the use of medication. The injured worker noted approximately a 30% improvement in function with the use of medications. Urine drug screen dated 1/26/15 was noted to be consistent with prescribed morphine and Oxycodone. CURES was also noted to be consistent. It is noted that the injured worker's morphine equivalent dose was 270mg MED, which exceeds the guideline recommended 120 mg MED. However, per the guidelines, the daily dose of opioid may be increased above 120 mg MED after pain management consultation. I respectfully disagree with the UR physician's denial based upon a morphine equivalent dose of 270mg MED. As the provider is a pain management specialist, and the medication allows the injured worker to maintain functional ability, the request is medically necessary.