

Case Number:	CM15-0172312		
Date Assigned:	09/14/2015	Date of Injury:	02/23/1998
Decision Date:	10/16/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/01/2015

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: Texas, Florida, California

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:

This injured worker is a 56 year old female who reported an industrial injury on 2-23-1998. Her diagnoses, and or impression, were noted to include: lumbago; thoracic-lumbosacral neuritis-radiculitis; and failed back syndrome. Recent urine toxicology screening was noted on 6-16-2015; no current imaging studies were noted. Her treatments were noted to include: lumbar fusion (2001); removal of hardware (2003); spinal cord implant in 2007; a home exercise program; and medication management with toxicology screenings. The progress notes of 8-11-2015 reported chronic, severe back pain due to failed back surgery syndrome; that she used her spinal cord stimulator 100% of the time, and was prescribed medications to enhance pain relief, activities of daily living, and quality of life; that she had failed Cymbalta, Lyrica, Neurontin and physical therapy, had not tried non-steroidal anti-inflammatories; and that she had been tapered down quite a bit from her former regimen; continuous and increased back and bilateral lower extremities pain with persistent numbness, tingling and weakness, that was rated 10 out of 10 without medications, and 3-4 out of 10 with, also keeping her functional with increased mobility and tolerance of activities of daily living and home exercises. Objective findings were noted to include: no acute distress; positive quadrant test on the right lumbar-sacral spine that was with decreased range-of-motion; positive right straight leg raise; weakness in the bilateral lumbar 5 nerve root distribution, right > left; and decreased bilateral knee and ankle reflexes. The physician's requests for treatments were noted to include: the renewal of Oxycodone as the "patient is stable on current treatment. She is able to function at a pain level 3 out of 10 compared to 10 out of 10. There is slight abuse of medications due to acute flare up. I will keep

meds at the current level and reassess in one month." The progress notes of 2-24-2015 noted Oxycodone HCL 15 mg 2 every 6 hours as needed for pain; and same at the 3-24-2015, 4-21-2015 & 5-19-2015 visits, with # quantity of 240; with the 6-16-2015 progress notes decreasing the quantity down to #216 for a 28 day supply. The Request for Authorization, dated 8-19-2015, was for Oxycodone HCL 15 mg tabs, 1-2 by mouth every 6-8 hours, #216. The Utilization Review of 8-26-2015 non-certified the request for Oxycodone HCL 15 mg every 6-8 hours, #216.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg #216: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: This claimant was injured in 1998 with lumbago; thoracic-lumbosacral neuritis-radiculitis; and failed back syndrome. She is able to function at a pain level 3 out of 10 compared to 10 out of 10. There is slight abuse of medications due to acute flare up. I will keep meds at the current level and reassess in one month." The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review, therefore is not medically necessary.