

Case Number:	CM15-0173884		
Date Assigned:	09/15/2015	Date of Injury:	01/13/2010
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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 59-year-old male, with a reported date of injury of 01-13-2010. The diagnoses include displacement of lumbar intervertebral disc without myelopathy, low back pain, lumbar post-laminectomy syndrome, and lumbosacral radiculitis. Treatments and evaluation to date have included facet injections at left L2-3 and L3-4, Flexeril, Celebrex, Lidoderm patch, Norco, Oxycodone (since at least 11-2014), hydrocodone-acetaminophen, and a lumbar support. The diagnostic studies to date have included a urine drug screen in 03-2015 with consistent findings; a urine drug screen in 10-2014 with consistent findings; a urine drug screen in 08-2014 with consistent findings. The progress report dated 08-13-2015 indicates that the injured worker had chronic low back pain and bilateral lower extremity pain. He had lower extremity numbness and tingling. He stated that the medications reduced his pain (rated 10 out of 10) by 20-30% and provided functional benefits (07-16-2015 to 08-13-2015). The injured worker denied any medication side effects other than constipation. The objective findings include an antalgic gait; ambulation bent forward; tenderness of the sciatic notch and greater trochanter; and tenderness of the iliolumbar region over the left T12-L1 paraspinal region. The treatment plan included the refill of Oxycodone, one tablet by mouth 5-6 times a day as needed. The medical report dated 03-23-2015 mentioned that the injured worker had a CURES report. The request for authorization was dated 08-07-2015. The treating physician requested Oxycodone 5mg #180. On 08-24-2015, Utilization Review (UR) non-certified the request for Oxycodone 5mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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 nonadherent) 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 no documentation to support the medical necessity of Oxycodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The documentation submitted for review contains evidence of UDS, however, the most recent submitted for review was dated 10/2014. The medical report dated 3/23/15 noted that the injured worker had a CURES report. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.