

Case Number:	CM15-0176706		
Date Assigned:	09/17/2015	Date of Injury:	10/23/2007
Decision Date:	10/20/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: 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 female who sustained an industrial injury on 10-23-2007. A review of medical records indicates the injured worker is being treated for post discectomy pain syndrome, chronic pain syndrome, lumbar degenerative disc disease, and peripheral neuropathy. Medical records dated 8-4-2015 noted lower back pain, numbness in both feet, and problems with balance. Physical examination noted right 4th and 5th finger numbness from heavy grasping. Right and left 5th, 4th, and 3rd toes were in flexor contractions. There was tenderness over the iliolumbar area. There was iliolumbar tenderness on flexion at the waist to knee and extension. Treatment has included surgery, injection, and medications (Oxycodone since at least 12-2014). Utilization review form dated 8-17-2015 modified Oxycodone 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #140: 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 10mg #140 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are post discectomy syndrome; chronic pain syndrome; lumbar DDD; peripheral neuropathy; and depression. Date of injury is October 23, 2007. Request for authorization is August 10, 2015. The documentation indicates the treating provider prescribe Norco in 2009 and 2010. Percocet was prescribed in 2013. According to a December 29, 2014 progress note, current medications included Percocet 10 mg, OxyContin and meloxicam. A urine drug screen was inconsistent dated October 30, 2014. Percocet was a declared medication, but absent from the urine drug screen. Benzodiazepines were present. According to a progress note August 4, 2015, subjective complaints included low back pain with numbness in the feet and balance problems. The injured worker is status post-L4 - L5 micro discectomy 2008. Objectively, there is tenderness to palpation at the iliolumbar region. Current medications include oxycodone (Percocet) and Elavil. The documentation does not demonstrate objective functional improvement to support ongoing oxycodone. The utilization review dated July 13, 2015 recommended oxycodone weaning. There has been no attempt at weaning to date. There are no detailed pain assessments in the medical record. The injured worker was deemed a low risk for drug misuse and abuse. Based on the clinical information in the medical record, peer- reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detail pain assessments and no documentation indicating an attempt to wean oxycodone, Oxycodone 10mg #140 is not medically necessary.