

Case Number:	CM15-0179172		
Date Assigned:	09/21/2015	Date of Injury:	10/18/2006
Decision Date:	10/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old male with an industrial injury dated 10-18-2006. A review of the medical records indicates that the injured worker is undergoing treatment for right L5-S1 radiculopathy, central L5-S1 disc protrusion with annular disc tear, central L4-L5 disc protrusion with annular disc tear, central disc protrusion at L3-L4, lumbar degenerative disc disease L4-L5 and L5-S1, lumbar sprain and strain, and internal bleeding hemorrhoids secondary to constipation due to chronic opiate use. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Medical records (02-16-2015 to 08-17-2015) indicate ongoing right low back pain. According to the progress note dated 8-17-2015, the injured worker presented for re-evaluation for right low back pain. Medical records (8-17-2015) indicated that the injured worker's MSER and Oxycodone were modified on 05-28-2015. Records also indicate that the injured worker completed last dose of Oxycodone the morning of 8-17-2015 and last dose of MSER night of 8-16-2015. Current medications are MS Contin 30mg bid, Ativan 1mg, Prevacid 30mg, Soma 350 mg, Lidoderm 5% patch, Lunesta 3mg, Oxycodone 15mg, and Senexon 8.6 mg. Objective findings (02-16-2015 to 08-17-2015) revealed restricted lumbar range of motion due to pain and positive lumbar discogenic provocative maneuvers. The treatment plan included medication management, urine drug screen and follow up visit. Medical records indicate that the injured worker has been on Oxycodone 15mg since at least 02-16-2015. The treating physician reported that the Oxycodone 15mg and MSER 30mg provides 40% of decrease of break through pain and 40% improvement with activities of daily living. The treating physician also reported that the previous urine drug screen on 02-10-2015 was consistent

for prescribed medication with no aberrant behaviors or side effects. The original utilization review determination (08-27-2015) partially approved the request for MSER 30mg #60 (original #240) and Oxycodone 15mg #120 (original #480).

IMR ISSUES, DECISIONS AND RATIONALES

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

MSER 30mg #240: 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: MSER 30mg #240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS supports monitoring the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Although the documentation indicates that the patient has improvement in pain and evidence of efficacy of his opioids, the MTUS does not support refills of this medication without continued monitoring. Therefore, the request is not medically necessary.

Oxycodone 15mg #480: 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: Oxycodone 15mg #480 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS supports monitoring the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Although the documentation indicates that the patient has improvement in pain and evidence of efficacy of his opioids, the MTUS does not support refills of this medication without continued monitoring. Therefore, the request is not medically necessary.