

Case Number:	CM15-0044467		
Date Assigned:	03/17/2015	Date of Injury:	03/29/1996
Decision Date:	05/13/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 March 29, 1996. The injured worker was diagnosed as having depression, cervical and lumbar post laminectomy syndrome and opioid dependence. Treatment and diagnostic studies to date have included cervical and lumbar fusion. A progress note dated February 17, 2015 the injured worker complains of neck pain rated 4/10. The pain disturbs his sleep two to three times a night. He also reports back pain rated 4/10 with leg weakness and numbness. The plan includes medication and exercise as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg quantity 70: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management; Opioids, specific drug list; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck and low back pain radiating to lower extremity rated at 4/10. The request is for Oxycodone 10mg quantity 70. The request for authorization is dated 02/23/15. The patient is status-post lumbar fusion, 11/11/13. Status-post cervical fusion, 2000. MRI of the lumbar spine, 10/30/14, shows no significant neural foraminal stenosis, and minimal spinal canal narrowing at L2-L3. Aggravating factors include overhead reaching, bending, pulling/pushing objects and walking. Alleviating factors include exercise, physical therapy, ice, medication, stretching and warm water therapy. Patient has had 8 sessions of physical therapy. Patient requires continuation of medications for improved function and ability to perform ADLs. Analgesic effect reported by patient reveals a 60 percent decrease in pain. Adverse side effects reported by patient are constipation. Patient has no aberrant drug related behaviors. Patient's medications include Celebrex, Gabapentin, Magnesium, Oxycodone, Oxycontin, Skelaxin and Valium. Per progress report dated, 02/17/15, patient is temporarily disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated, 02/17/15, provider's reason for the request is "for treatment of their complaints." Patient is prescribed Oxycodone since at least 03/19/14. MTUS requires appropriate discussion of the 4 A's, and the provider discusses how Oxycodone significantly improves patient's activities of daily living. Analgesia is discussed also, specifically showing significant pain reduction of 60% with use of Oxycodone. Furthermore, there is documentation and discussion regarding adverse effects and aberrant drug behavior. A UDS with normal results and a signed pain contract is dated, 09/17/14. Therefore, the request IS medically necessary.