

Case Number:	CM15-0065707		
Date Assigned:	04/13/2015	Date of Injury:	04/03/2002
Decision Date:	05/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 50 year old male, who sustained an industrial injury on April 3, 2002. The injured worker has been treated for back pain and hip pain. The diagnoses have included chronic pain syndrome, lumbar degenerative disc disease, lumbar spondylolisthesis, advanced osteoarthritis changes of the right hip, left sciatic pain, trochanter bursitis and post lumbar laminectomy syndrome. Treatment to date has included medications, radiological studies, physical therapy, electrodiagnostic studies, lumbar radiofrequency rhizotomy, medical branch blocks, epidural injections, right total hip replacement and multiple low back surgeries. Documentation dated November 4, 2014 notes that the injured workers current complaints included low back pain with radiation to the bilateral lower extremities. He reported that his condition seems to be improving. Examination of the lumbar spine revealed tenderness to palpation of the paraspinal region, spasms and a positive straight leg raise on the left. The treating physician's plan of care included a request for the medication Oxycodone/APAP 10/325 mg, unspecified quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication - Narcotic Oxycodone/APAP 10/325mg; unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation for the need for continuous use of Oxycodone/APAP. There is no documentation for functional improvement with previous use of Oxycodone/APAP. There is no documentation of compliance of the patient with his medications. There is no recent documentation of breakthrough pain. Based on the above, the prescription of Narcotic Oxycodone/APAP 10/325mg is not medically necessary.