

Case Number:	CM15-0072018		
Date Assigned:	06/08/2015	Date of Injury:	03/19/2001
Decision Date:	11/12/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/15/2015

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 63-year-old male, who sustained an industrial injury on March 19, 2001. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, chronic pain syndrome and postlaminectomy syndrome of lumbar region. Treatment to date has included surgery, physical therapy, diagnostic studies, medication and injections. On March 12, 2015, the injured worker was complained of ongoing pain in his back and left hamstring. A recommendation was made for the injured worker to be put on a tapering dose of medication and to go to physical therapy three times a week for four weeks for his low back. On June 26, 2015, progress notes stated that the injured worker continues to feel better with gradual improvement in his pain and increased mobility. His exercise tolerance was reported to be increased. He was decreasing his use of opiates gradually and using laser therapy for wound healing and pain management. On April 4, 2015, utilization review modified a request for Oxycodone IR 15mg #90 with one refill to Oxycodone IR 15mg #54.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15 mg, ninety count with one refill: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 03/12/15 with unrated pain in the left hamstring and back. The patient's date of injury is 03/19/01. Patient is status post cervical decompression and artificial disc placement surgery on 08/22/14, and status post lumbar laminectomy at a date unspecified. The request is for OXYCODONE IR 15MG, NINETY COUNT WITH ONE REFILL. The RFA is dated 03/17/15. Physical examination dated 03/12/15 reveals full extension and rotation of the neck, and the ability of the patient to nearly touch his chin to his chest. The patient is currently prescribed Oxycodone. Patient's current work status is not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." About the continuation of Oxycodone for the management of this patient's chronic pain, the requesting physician has not provided adequate documentation of medication efficacy to continue its use. The most recent progress note, dated 08/13/15 does not address medication efficacy. The progress note associated with this request, dated 03/12/15 does not include any discussion of medication efficacy, either. Such vague documentation of efficacy does not satisfy MTUS Guidelines, which require documentation of analgesia via a validated scale attributed to medications, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider does not include documentation of analgesia, functional improvement, UDS consistency to date, and a stated lack of aberrant behavior. There is some indication in the records if the requesting physician intended to conduct a weaning of narcotic medications. Such weaning was apparently initiated following the 03/12/15 progress note, with some modest reduction in this patient's narcotics noted in the subsequent reports. Per 08/13/15 progress note, the provider states: "I have recommended that he continue to taper the dose of his narcotics. He will have a prescription for 120 tablets of Oxycodone 10mg on his next prescription. This represents a substantial decrease in his medication..." However, an RFA dated 08/20/15 (associated with the 08/13/15 progress note) returned this patient's medication dosage to the pre-weaning levels without providing a rationale

or appropriate documentation of the 4A's as required by MTUS. While this patient presents with significant surgical history, and continued disability; without appropriate documentation of the 4A's as required by MTUS, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.