

Case Number:	CM15-0077480		
Date Assigned:	05/08/2015	Date of Injury:	09/17/2013
Decision Date:	06/05/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/22/2015

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 58-year-old male, who sustained an industrial injury on 9/17/13. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar radiculitis; sciatica; chronic pain syndrome with a myofascial component. Treatment to date has included physical therapy; lumbar support; TENS unit; home exercise program; medications. Diagnostics included X-rays lumbar spine (9/17/13); MRI lumbar spine (10/22/13). Currently, the PR-2 notes dated 3/23/15 (FRP program) indicated the injured worker complains of back pain. He has achy, sharp, recurrent intermittent pain that is a 7 on a scale of 0 to 10 that is worse with bending at the waist, cold weather, crouching, driving, lifting, going from a sitting to a standing position, stooping and weather changes. He has weakness throughout the lower extremities. He has increased pain with trying to sleep because he is twisting and bending as well as having difficulty with finding a comfortable position. He has persistent issues of weakness throughout the lower extremities and pain. Medications have been helpful and effective to help control his pain by allowing him to tolerate less than normal activities throughout the day. His function tolerance to sitting, standing and walking is 20-25 minutes and doubled since the start of this FRP program. He continues to have muscle spasms and medications help him tolerate the symptoms when he is having frequent flare-ups. He has learned cognitive techniques to help him relax and reduce his medication intake from the start of the program by greater than 30%. There is a surgical history of a L4-5 laminectomy (1988) and a L4-S1 revision and decompression (2008) as well as bilateral hip replacements (2009/2010). The PR-2 notes submitted go back as

far as May 2014 and indicate Oxycodone Hcl 15mg tabs every 4-6 was prescribed. The provider is requesting Oxycodone Hcl 15mg #90 as prescribed on 3/23/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg #90 (As prescribed on 03/23/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92, 78-80 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Oxycodone HCL 15mg #90 (As prescribed on 03/23/2015) is not medically necessary and appropriate.