

Case Number:	CM15-0092042		
Date Assigned:	05/18/2015	Date of Injury:	02/22/2000
Decision Date:	06/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/13/2015

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, Alabama, 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 71 year old female who sustained an industrial injury on February 22, 2000. She has reported low back pain with bilateral leg pain and has been diagnosed with pain in joint lower leg, lumbar disc disease, myalgia and myositis unspecified, post laminectomy lumbar region/failed back syndrome, and post laminectomy lumbar region syndrome. Treatment has included surgery, radiofrequency ablations, injections, medications, acupuncture, physical therapy, and aquatic therapy. The lumbar examination noted there is mild loss of lumbar lordosis. Range of motion was about 75% expected. There were 2 active tender trigger points in the low lumbar areas bilaterally. There was tenderness over the lower facet joints. There was pain in the left lower buttocks and left leg with the straight leg test. MRI dated March 15, 2012 of the lumbar spine revealed a progression of degenerative changes since 2007. She has multilevel degenerative disc disease with facet arthropathy, anterolisthesis with pars defect at L5-S1, foraminal stenosis at L5-S1 and L4-5. She rates her current pain severity as 0/10, her best pain severity as 5/10 and her worst pain severity as 8/10. The treatment request included Oxycodone 5 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74, 78, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain. 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 documentation that the patient has pain breakthrough. The patient has successfully weaned from opioids and there is no rationale behind reintroducing this medication. Therefore, the prescription of Oxycodone 5mg #90 is not medically necessary.