

Case Number:	CM15-0092374		
Date Assigned:	05/19/2015	Date of Injury:	11/21/1983
Decision Date:	06/25/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/14/2015

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: Emergency 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 60 year old male who sustained a work related injury November 21, 1983. Past history included diabetes. According to a follow-up pain evaluation, dated April 22, 2015, the injured worker has intractable neck pain, failed cervical spine surgeries x 5, and opioid dependent. He had been on higher doses of medication but has been tapered down over time. Currently he is taking Exalgo 16mg (2)/day he was on (6), Oxycodone (4)/day had been on (6) and Subsys 1200mg was taking 1600mg. The physician further documents that the peer reviewers are different every month and each have a different idea how to treat the injured worker. He has been hospitalized when without medications for pain. Treatment plan included evaluation for a functional structural restoration program and at issue, is the request for authorization for Oxycodone 3 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 3 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 78 of 127.

Decision rationale: The patient sustained an injury in November of 1983. He was diagnosed with a cervical injury and underwent 5 surgical procedures which was not successful in improving his discomfort. He has developed opioid dependence and has been tapered down but continues to be on appreciable dosages of opioids. The request is for Oxycodone. The MTUS guidelines state that patients must not only have adequate pain relief, but functional gains must be seen for ongoing opioid treatment. This has not been documented. "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 nonadherent) 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 for documentation of the clinical use of these controlled drugs. (Passik, 2000)" The request is not medically necessary.