MAXIMUS Federal Services

Case Number:	CM14-0140242		
Date Assigned:	09/10/2014	Date of Injury:	12/10/2011
Decision Date:	10/07/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43 year-old woman who was injured at work on 12/10/2011. The injury was primarily to her back, legs and hips. She is requesting review of denial for a refill of oxycodone 10mg 1-2 tablets Q4 hours, #210, maximum 7 tablets/day, with 2 refills.The medical records corroborate ongoing care of her injuries. The Primary Treating Physician's Progress Reports include the last office visit (8/5/2014). The physician indicates that the patient has persistent pain in her hip, mid-back, leg and low back. Her chronic diagnoses include the following: Lumbar/Thoracic Radiculopathy; Dysthymic Disorder; Facet Syndrome; Myofascial Pain Syndrome; and Sacroilitis. The plan for this visit included the following prescription: "Rx refill oxycodone 10mg 1-2 tabs Q4H, #210, max7/day 2 rx given."Utilization review, completed on 8/13/2014, did not certify this request. Instead, there was a recommendation to modify the request to the following: oxycodone 10mg #210 1-2 Q4 hours, maximum 7 per day to allow the patient this one refill of oxycodone for the purpose of weaning to discontinue, with a reduction of the MED by 10%-20% per week over a weaning period of 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALLOW ONE REFILL OF OXYCODONE 10 MG #210 1-2 Q 4 HOURS MAX 7 PER DAY FOR THE PURPOSE OF WEANING TO DISCONTINUE, WITH A REDUCTION OF MED BY 10%-20% PER WEEK OVER A WEANING PERIOD OF 2-3 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Opioids/Weaning Page(s): 124. 76-78, 80;.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the time-frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with oxycodone is not considered medically necessary. The modification for this request was based on the MTUS/Chronic Pain Medical Treatment Guidelines/Weaning of Medications. Specifically, for opioids, a slow taper is recommended. This request is not medically necessary.