

Case Number:	CM14-0216357		
Date Assigned:	01/06/2015	Date of Injury:	07/14/2011
Decision Date:	11/09/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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, Hawaii
 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 40 year old female, who sustained an industrial injury on 7-14-11. Medical record indicated the injured worker is undergoing treatment for lumbago facet arthropathy and long-term use of medications. Treatment to date has included lumbar branch blocks (which were not helpful), oral medications including Ibuprofen 800mg, Zofran 4mg, Norco 10-325mg, Miralax 17 gram, Oxycodone-acetaminophen 10mg-325mg since at least 6-2014, Sonata 10mg, Zanaflex 4mg and Lorazepam 1mg. On 11-4-14 and 12-1-14, the injured worker complains of continued low back pain with numbness in back and legs with burning; pain is very significant and rated 7 out of 10. She is not working. Physical exam on 11-4-14 and 12-1-14 revealed complaints of nausea and constipation and tenderness of lumbar spine, tenderness at facet joint and decreased range of motion of lumbar spine. The treatment plan included prescriptions for Lorazepam 1mg, Norco 10-325mg and Oxycodone-acetaminophen 10-325mg. On 12-5-14 utilization review non-certified a request for Oxycodone-acetaminophen 10-325mg #30 noting long term use and lack of documentation of improvement in symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen 10/325mg, #30: 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): Opioids, criteria for use.

Decision rationale: The patient presents with continued low back pain with numbness in back and legs with burning; pain is very significant and is rated 7 out of 10. The current request is for Oxycodone/Acetaminophen 10/325mg, #30. The treating physician states, in a report dated 12/01/14, oxycodone/acetaminophen 10/325mg tablet, 1 Tablet(s), PO, QD PRN, 30 days, for a total of 30, start on December 01, 2014, end on December 30, 2014. The patient appears to have been prescribed Oxycodone-acetaminophen since at least February 2014, per the UR decision letter of 12/05/14 (7A). This letter also notes that two prior non-certifications have been made regarding this request. MTUS page 92 recommends Oxycodone-acetaminophen for the treatment of pain. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. 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. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS on page 78 also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided, with the exception of a UDS on 12/01/14. The treating physician in this case has failed to document the patient's pain levels with and without medication and there is nothing to indicate that improved function is being measured on a numerical scale or validated instrument. If anything, the patient's pain has continued to be severe (7 out of 10) despite continued use of this medication. (16B) MTUS requires much more thorough documentation to show that opioid medication is efficacious in terms of pain and function. Given the lack of documentation, the current request is not medically necessary.