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| Case Number: | CM13-0027428 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 02/08/2001 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 08/20/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

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 General Surgeon and is licensed to practice in Texas. 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 injured worker is a 55-year-old male who reported an injury on 02/08/2001. The mechanism of injury was not provided. Current diagnoses include chronic low back pain and facet arthropathy. The injured worker was evaluated on 09/03/2013. The injured worker reported persistent lower back pain. Physical examination revealed tenderness to palpation of the lumbar paraspinals, decreased lumbar range of motion, positive facet loading maneuver, and intact sensation. Treatment recommendations at that time included continuation of current medication and a rhizotomy at the right L4-5 and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE OXYCODONE 5MG, ONE (1) PO Q6 HOURS PRN, #125: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. The injured worker has continuously utilized Oxycodone 5 mg since 12/2012. Despite ongoing use of this medication, the injured worker continues to report 5/10 pain. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. Therefore, the request is not medically necessary.