

Case Number:	CM13-0054732		
Date Assigned:	04/11/2014	Date of Injury:	07/09/2007
Decision Date:	07/16/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation 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 claimant is a 41 year old male who had a work related injury on 07/09/2007. The claimant was lifting a dish container, stepped on a piece of plastic and slipped and fell backwards hitting the back of his head on a rack that was on the ground with no immediate loss of consciousness. There was immediate pain to the back of his head and neck, pain in the lower back and both arms. He was initially treated with Naprosyn, Flexeril and modified work. The claimant attended physical therapy and continued to complain of back and leg symptoms. He had a number of epidural steroid injections without any relief of symptoms. On 08/18/08 the claimant did undergo a fusion at the L4-5 level. In October 2010 the claimant underwent removal of posterior segmental instrumentation and exploration of the fusion mass posterolaterally with removal of bone at L4-5 and L5-S1 with revision laminectomy on the right with L5 foraminotomy. Current medications are Percocet 7.5 325 one by mouth 4 hours, Lyrica 50 mg 1 by mouth twice a day, Cymbalta 60 mg by mouth every day, Robaxin, Celebrex 200 mg one by mouth every day. Physical examination notes antalgic gait. He utilizes a walker for ambulation and had difficulty lifting his right leg during ambulation. There is tenderness to palpation over the paraspinal muscles without spasm. Most pain is localized to the spine. There is no sciatic notch or sacroiliac tenderness. There is paravertebral muscle spasm. There is pain with flexion and extension. There is 4/5 strength in the right lower extremity. Sensation in the L3 through S1 dermatomes of both legs but worse in his right. Deep tendon reflexes at the knee and ankle are decreased on the right. Seated straight leg raising causes low back and right leg pain. Pulses in lower extremities are full and symmetrical. Diagnoses, status post L4-5 fusion with pedicle screws, failed back syndrome, status post closed head injury, cervical pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 7.5/325MG, 1 BY MOUTH EVERY 4 HOURS AS NEEDED #120/30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria for use and Opioids-Oxycodone Page(s): 76-80, and 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: The clinical documentation does not support the request for Oxycodone 7.5 mg. There is no documentation of functional improvement; there is no serial urine toxicology result or opioid contract. Therefore, the request for Oxycodone 7.5/325 mg, 1 by mouth every 4 hours as needed, # 120 for 30 days is not medically necessary and appropriate.