

Case Number:	CM13-0058266		
Date Assigned:	12/30/2013	Date of Injury:	09/17/1997
Decision Date:	04/30/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/26/2013

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 Internal Medicine, and is licensed to practice in Arizona. 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 53-year-old with a date of injury of September 17, 1997. The patient sustained work-related injury that resulted in chronic lumbar pain. The patient has a diagnosis of Post-laminectomy syndrome of the lumbar region. The patient has received oral analgesic medications, including oxycodone, steroid epidural injections, and surgical intervention for the treatment of his back pain. The medical records available for review are a provider progress note dated September 27, 2013 and a procedure note dated November 19, 2013 for an epidural steroid injection of L4-L5. On September 27, 2013 the provider notes the patient is having 6/10 pain without any further description of the pain. The physical exam does not include a musculoskeletal or neurologic component. The plan of care includes a urine drug screen and the prescription of oxycodone 10mg twice daily with a quantity of 60 tablets. There is no documentation of the patient's functional status or the results of the urine drug screen. On November 21, 2013 a utilization review was done with regards to the use of oxycodone 10mg twice daily for chronic back pain. The use of oxycodone was denied as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF OXYCODONE 10MG EVERY 12 HRS FOR SYMPTOMS RELATED TO LUMBAR INJURY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence, constipation and mental slowing. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The patient has chronic low back pain with a diagnosis of post-laminectomy syndrome of the lumbar region. The medical records don't include any pain/opioid contract, urine drug screen results, functional assessments or assessment of adverse drug reactions or pain relief. The request for sixty tablets of Oxycodone 10 mg is not medically necessary or appropriate.