

Case Number:	CM13-0062020		
Date Assigned:	03/03/2014	Date of Injury:	12/10/2008
Decision Date:	07/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/05/2013

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 Occupational 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:

Patient is a [REDACTED] employee who filed a claim of continuous low back pain radiating to lower extremity associated with industrial injury dated December 10, 2008. The patient's symptoms were managed with medications including Oxycodone 30 mg, SOMA 350mg, Xanax 1.0mg and Norco 10/325mg since April 2013. No functional nor pain improvement noted. Progress report dated 5/6/2013 and 6/3/2013, urine test was positive for hydrocodone and oxycodone and was recommended for weaning. In a utilization review dated November 8, 2013, the proposed request for continuous 1 prescription of Oxycodone 30mg #240 was denied. In review of progress note dated 9/26/2013 Oxycodone was recommended to be weaned due to its chronic use that exceeded the guidelines recommendation without significant improvement in pain and function. Review of records submitted on 10/15/2013 revealed 5/10 pain intensity, lumbar flexion was 35 degrees; extension and lateral flexion bilaterally were 15 degrees each. Straight leg raise test was positive on the right. Right lower extremity motor strength was 4/5 at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OXYCODONE 30MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines pages 79-81, the recommended maximum use of opioids is only 3 months provided that there's pain relief, documented improvement in functional status. If patient does not improve on the said duration of use, re-assessment is suggested. In this case patient was taking Oxycodone since April 2013 with no significant improvement in pain and functional status. Therefore the request for dispensing Oxycodone 30mg #240 is not medically necessary.