

Case Number:	CM13-0067579		
Date Assigned:	01/03/2014	Date of Injury:	01/13/2008
Decision Date:	05/27/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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:

The patient has submitted a claim for lumbar intervertebral disc displacement without myelopathy associated with an industrial injury on January 13, 2008. The treatment to date includes oral and topical analgesics, lumbar spine L4-L5 medial branch blocks, and physical therapy. A utilization review dated December 11, 2013 denied request for lumbar MRI (magnetic resonance imaging), because there is the physical examination of the lumbar spine did not identify any radicular findings. The request for oxycodone 30mg was denied due to lack of objective criteria for continued use. Medical records from 2013 were reviewed and showed persistent low back pain. The patient was status post medial branch blocks of the lumbar spine L4-L5 levels which provided approximately 40% improvement in back pain and resolved the pain radiating down the right lower extremity. The patient denies any numbness, tingling, weakness, or loss of bowel or bladder control. The previous MRI of the lumbar spine dated July 24, 2009 showed L5-S1 disc protrusion with bilateral recess stenosis. Both of the S1 nerve roots may be impinged but clinical correlation was recommended. Physical examination of the lumbar spine did not show any Final Determination Letter for IMR Case Number CM13-0067579 3 abnormal curvature or tenderness on palpation. Range of motion (ROM) for lumbar flexion was normal however extension past 50% of normal causes reproducible low back pain. Lower extremities examination showed full ROM. Straight leg raise and FABER test were positive bilaterally. Gait and stance were normal and there are no sensory and motor deficits. Medications include Oxycontin 40mg, Mobic 15mg, gabapentin 300mg. The patient also takes oxycodone IR 30mg for breakthrough pain. Duration, frequency of use and response to the medications were not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: As stated in the California MTUS ACOEM Low Back Chapter, imaging of the lumbar spine is supported in for flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, the patient complains of chronic low back pain and has had a previous MRI (magnetic resonance imaging) from 2009. The patient has been treated with multiple modalities but still complains of chronic low back pain which interferes with activities of daily living and work. In addition, there were no red flag signs or progression of symptoms in the physical exam; neurological exam remains normal. Therefore, the request for MRI of the lumbar spine is not medically necessary.

OXYCODONE 30MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking oxycodone as far back as December 2012. He was prescribed with Oxycontin 40mg q8h and oxycodone 30mg immediate-release (IR) q6h as needed (PRN) for breakthrough pain. Duration and frequency of use were not specified. Functional gains and objective measures of analgesia were not documented. In addition, the request does not indicate an amount to be dispensed. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for oxycontin 30mg is not medically necessary.