

Case Number:	CM13-0069599		
Date Assigned:	01/15/2014	Date of Injury:	06/27/2008
Decision Date:	11/20/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 injured worker is a 38-year-old male, who reported an injury on 06/27/2008. The mechanism of injury involved a fall. The current diagnoses include left knee contusion, cervical intervertebral disc disorder with myelopathy, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis, cervicgia, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, lumbar intervertebral disc disease with myelopathy, thoracic/lumbosacral neuritis/radiculitis, and lumbar postlaminectomy syndrome. The injured worker was evaluated on 11/07/2013 with complaints of low back pain radiating into the left lower extremity. Previous conservative treatment is noted to include physical therapy, medication management, home exercise, and lumbar epidural steroid injections. The current medication regimen includes OxyContin 80 mg, oxycodone 30 mg, Lyrica 75 mg, Soma 350 mg, Ambien 10 mg, lidocaine 3% cream, and Valium 10 mg. A surgical history includes a neck fusion at C5-6, a lumbar fusion at L4-S1, and a laminectomy (dates unknown). Physical examination on that date revealed decreased deep tendon reflexes in the bilateral upper and lower extremities, tenderness to palpation of the cervical paraspinal muscles, 45 degree forward flexion of the cervical spine, 35 degree right and left lateral flexion of the cervical spine, 60 degree hyperextension of the cervical spine, 60 degree right and left lateral rotation of the cervical spine, tenderness to palpation of the thoracic paraspinal muscles, tenderness to palpation of the lumbar paraspinal muscles, 45 degree lumbar flexion, 10 degree lumbar hyperextension, 15 degree right and left lumbar lateral bending, sciatic notch tenderness bilaterally, positive sitting straight leg raise bilaterally, an antalgic gait, bilateral lumbar paraspinal muscle spasms, decreased strength in the right upper extremity and bilateral lower extremities, decreased sensation in the right C6-7 dermatomes, and decreased sensation in the left L4, L5, and S1 dermatomes. Treatment

recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 11/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 04/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically appropriate.