

Case Number:	CM14-0001450		
Date Assigned:	01/22/2014	Date of Injury:	12/12/2001
Decision Date:	08/21/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/03/2014

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:

The patient is a 50-year-old male who was injured on 12/21/2001. The mechanism of injury is unknown. The patient underwent a lumbar provocation discography at L1-2, L2-3, and L3-4 on 04/08/2013. Laboratory studies performed on 12/23/2013 revealed positive results for hydrocodone, oxycodone and oxymorphone. Urine drug screening dated 07/15/2013 revealed positive results for hydrocodone, hydromorphone, marijuana metabolite and meprobamate. Pain management consult dated 12/23/2013 documented the patient to have complaints of low back pain that is aggravated with activity. He rated his pain as an 8/10 with radiation down both lower extremities. Objective findings on exam revealed posterior lumbar musculature tenderness bilaterally with muscle rigidity noted along the lumbar paraspinal muscles. His pain is reproducible with lumbar facet loading noted along the lower lumbar spine. His range of motion is decreased and he is able to bend forward with his outstretched fingers to the level of his knees. Extension is limited to about 10 degrees. He has pain with extension. Straight leg raise in modified sitting position is positive to about 60 degrees, which causes axial pain. The left knee revealed tenderness to palpation along the medial and lateral joint line. McMurray's is positive in the left knee in comparison to the right. The patient is diagnosis with lumbar degenerative disk disease, right lateral epicondylitis, L4-5 and L5-S1 PLIF; left medial meniscus tear-industrially related. The patient has been recommended for OxyContin 30 mg #60; Ambien CR 12.5 mg; Soma 350 mg; and Valium. Prior utilization review dated 12/19/2013 states the request for oxycodone 40 bid (units/days requested: 2) is denied as there is no indication that guideline criteria was being utilized such as following prescription drug monitoring program.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 40 BID (UNITS/DAYS REQUESTED: 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76.

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

Decision rationale: According to the California MTUS guidelines, opioids are indicated for moderate to severe pain. Long-term use, though controversial, may be warranted if efficacy is demonstrated. Long-term efficacy, over 16 weeks, is not clear for chronic low back pain. There are no trials of long-term use for neuropathic pain. In this case, the patient is taking opioids on a chronic basis for chronic low back pain with radiculopathy status post lumbar fusion. However, medical records do not establish clinically significant functional improvement from use of Oxycodone. The patient continues to complain of severe pain and dysfunction. Quality of life does not appear to have improved. Reduction in dependency on medical care has not occurred. The patient is interested in and attempting to wean off opioid medication. Medical necessity is not established. Therefore, the request is not medically necessary.