MAXIMUS Federal Services

Case Number:	CM14-0006285		
Date Assigned:	02/07/2014	Date of Injury:	04/03/2009
Decision Date:	06/13/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 patient is a 54 year old male who was injured when he was walking down, missed a step and fell on 04/03/2009. Diagnostic studies reviewed include CT scan of the lumbar spine dated 04/15/2013 revealing status post L4-L5 laminectomy with interpediculate screw placement L4, L5 levels and left S1 level. There is mild lumbar rotoscoliosis. An MRI of the lumbar spine dated 04/15/2013 revealed increased T2 signal within the origin of both the common extensor and flexor tendons, greater medially, consistent with "partial tears". PR-2 dated 11/21/2013 documented the patient with complaints of low back, neck, and left elbow and wrist pain that are worse and are aching with the cooler weather. His medications include Oxycodone. Objective findings on examination reveal prescribed medications help some but the patient is not able to do much. Recommendation is for Oxycodone 30 mg #150 (no more than five a day). Diagnoses are Lumbar disc injury; Lumbar vertebrae HNP/displacement; Lumbar degenerative intervertebral disc; and Orthopedic device pain syndrome UR report dated 12/20/2013 denied the request for Oxycodone 30 mg one q4hrs prn #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,80,86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-86.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Oxycodone is a long acting and potentially addictive opioid analgesic medication, which is equivelant to 1.5 Morphine. For opioids, the MTUS guidelines recommend that dosing should not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. In this case the medical records document that the prescribed medication helps some, but they do not address detailed assessment of pain and functional improvement. Additionally the requested Oxycodone 30mg 5 times a day exceeds the recommended dosing per day. Therefore, the request for Oxycodone 30mg # 150 is not medically necessary and appropriate.