

Case Number:	CM14-0101289		
Date Assigned:	09/24/2014	Date of Injury:	11/23/2008
Decision Date:	10/24/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/01/2014

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:

Patient is a 58 year-old male with date of injury 11/23/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/09/04, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the bilateral paravertebral muscles, tenderness worse on the right than the left. Range of motion was restricted with flexion limited to 30 degrees secondary to pain, extension limited to 5 degrees secondary to pain, and right and left lateral bending limited to 5 degrees secondary to pain. Lumbar facet loading was positive on both sides. Straight left raise test was positive on both sides in sitting at 50 degrees. Tenderness was noted over the right gluteus medius and piriformis. Light touch sensation was paresthesia over the L4-S1 dermatome. Diagnosis: 1. Lumbar radiculopathy 2. Spinal, lumbar degenerative disc disease. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Oxycodone 15mg, #90 SIG: three times a day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months.