

Case Number:	CM14-0101865		
Date Assigned:	07/30/2014	Date of Injury:	02/19/2007
Decision Date:	09/25/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Nevada. 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 records, presented for review, indicate that this 46-year-old male was reportedly injured on 2/19/2007. The mechanism of injury was noted as repetitive injury. The claimant underwent hernia surgery on 7/16/2007 and a lumbar laminectomy on 4/23/2007. The most recent progress note, dated 6/5/2014, indicated that there were ongoing complaints of back pain. Physical examination demonstrated restricted lumbar spine range of motion: Flexion 40 degrees, extension 15 degrees, lateral bending 20 degree, rotation 25 degrees with pain in all directions and tenderness and spasm to paravertebral muscles, positive lumbar facet loading, positive straight leg raise, negative FABER test, motor strength 5-/5 EHL bilaterally and left dorsi/plantar flexion, otherwise 5/5 in lower extremities bilaterally, decreased sensation left L5-S1 dermatome, reflexes: 2/4 knee jerk, 1/4 ankle jerk. There is an antalgic slow gait without assistive device. MRI of the lumbar spine, dated 3/29/2013, revealed surgical changes consistent with laminectomy at L4-L5 and L5-S1, moderate right neuroforaminal stenosis at L3-L4, L4-L5 and bilateral moderate to severe neuroforaminal stenosis at L5-S1. Previous treatment included medications, lumbar spine surgery, lumbar epidural steroid injections (last ESI 5/21/2014), home exercise program, and medications to include gabapentin, Flexeril, bupropion, Lexapro, Silenor, ibuprofen, omeprazole and oxycodone. A request had been made for oxycodone 5 mg #120, which was not certified in the utilization review on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic back pain after a work related injury in 2007; however, there is no clinical documentation of improvement in the pain or function with the current regimen or recent urine drug screen performed to monitor for aberrant behavior. Furthermore, there is no documentation of pain medication agreement. As such, this request is not considered medically necessary.