

Case Number:	CM14-0113313		
Date Assigned:	09/16/2014	Date of Injury:	04/25/2011
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas and Florida. 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:

This case involves a 45 year old who was injured on 4/25/2011. The diagnoses are lumbar radiculopathy, lumbar facet syndrome and left knee pain. The patient had completed lumbar epidural steroid injections and left knee meniscectomy. The MRI of the lumbar spine was consistent with multilevel degenerative disc disease, facet arthropathy and spinal stenosis. On 5/30/2014, the treating doctor noted subjective complaints of 10/10 pain score in a scale of 0 to 10. The patient reported progressively worsening of pain and marked decreased in activities of daily living. There were objective findings of paraspinal tenderness and positive Kemp's test. The medications prescribed were Norco, Oxycodone and ibuprofen for pain, Fexmid for muscle spasm and Quazepam for sleep. The patient was also evaluated and prescribed Flexeril, Tramadol ER and topical analgesics on 5/19/2014. On 3/28/2014, it was noted an inconsistent urine drug screening and the patient admitted to utilizing Morphine / Codeine from another provider. The patient is waiting t for consultation for spine surgery. A Utilization Review determination was rendered on 6/17/2014 recommending non-certification for Oxycodone 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #60: 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 NSAIDs and PT Page(s): 74-96.

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) guidelines recommend that opioids can be utilized in the treatment of exacerbations of chronic musculoskeletal pain that did not respond to standard treatment with non-steroidal anti-inflammatory drugs (NSAIDs). The records indicate that the patient is complaining of significant exacerbation of chronic musculoskeletal pain. There is increased pain score and decreased activities of daily living. The patient was approved for evaluation for spine surgery. There is a possibility that opioid induced hyperanalgesia may contribute to the worsening pain. The record showed that the patient did obtain prescriptions for additional Flexeril and Tramadol ER prior to the addition of Oxycodone to the pain regimen. On 3/28/2014 the patient admitted to utilizing Morphine and Codeine from another provider. The Utilization of multiple opioids, muscle relaxants and benzodiazepines is associated with increased incidence of addiction, dependency, sedation and adverse drug interactions. The criterion for the use of Oxycodone 10mg #60 has not been met; therefore, this request is not medically necessary.