

Case Number:	CM14-0123797		
Date Assigned:	08/08/2014	Date of Injury:	12/18/2004
Decision Date:	09/11/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/05/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 51-year-old male who reported an injury on 12/18/2004, due to an unknown mechanism of injury. The injured worker ultimately underwent L4-S1 spinal fusion. The injured worker's postsurgical treatment included spinal cord stimulator implantation followed by removal, a functional restoration program, and testosterone replacement therapy. The injured worker was evaluated on 07/01/2014. The injured worker complained of ongoing low back pain. Physical findings included spasming and tenderness to the lumbar paraspinal musculature, with intact sensation, with an absent left ankle jerk. The injured worker's medications included Fentanyl, Ambien, Cymbalta, Omeprazole, Tizanidine, Lidoderm, Zyrtec, and testosterone. The injured worker's diagnoses included sacroiliitis, postlaminectomy syndrome, and lumbago. The injured worker's treatment plan included an updated lumbar MRI and a refill of medications. A Request for Authorization dated 07/05/2014 was submitted for review for medications, an MRI of the lumbar spine, and consultation with a spine specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Hydrocodone Hydrochloride 50 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of pain relief or functional increases due to medication usage. Additionally, the clinical documentation fails to provide any evidence that the injured worker is monitored for aberrant behavior. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriate of the request itself cannot be determined. As such, the requested oxycodone HCl 15 mg #90 is not medically necessary or appropriate.

Consultation with spinal neurosurgeon for ongoing pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page 127.

Decision rationale: The requested consultation with a spinal neurosurgeon for ongoing pain is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends specialty consultation for complicated diagnoses that require additional expertise. The clinical documentation submitted for review did not provide significant functional benefits that would require additional expertise and treatment planning. The clinical documentation does not adequately identify whether the injured worker's pain is well-controlled with medications and conservative treatment. As such, the requested consultation with a spinal neurosurgeon for ongoing pain is not medically necessary or appropriate.