

Case Number:	CM14-0124162		
Date Assigned:	08/08/2014	Date of Injury:	09/26/2006
Decision Date:	10/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/06/2014

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, has a subspecialty in Pain 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 records presented for review indicate that this 43-year-old gentleman was reportedly injured on September 26, 2006. The mechanism of injury is indicated as a heaving lifting injury. The most recent progress note, dated May 30, 2014, indicates that there are ongoing complaints of cervical and lumbar spine pain radiating to the upper and lower extremities. The physical examination demonstrated ambulation with an antalgic gait. There was tenderness over the paravertebral muscles and facet joints of the lumbar spine with decreased range of motion. A neurological examination indicated decreased sensation along the L5 dermatome on the right side. Diagnostic nerve conduction studies dated January 24, 2013 revealed a chronic right L5 radiculopathy. Previous treatment includes lumbar spine fusion, physical therapy, lumbar epidural steroid injections, and oral medications. A request had been made for oxycodone 20 mg and was denied in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20 mg #60 to allow weaning: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-97.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at 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 injured employee has chronic lower back pain after a work-related injury sustained on September 26, 2006. A review of the available medical records fails to documents any objective or clinical improvement in their pain or function with the current regimen. As such, this request for oxycodone 20 mg is not considered medically necessary.