

Case Number:	CM14-0132183		
Date Assigned:	08/22/2014	Date of Injury:	08/28/1996
Decision Date:	10/01/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 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 injured worker is a 58-year-old male who reported an injury on 08/28/1996. The mechanism of injury was not provided. On 04/02/2014, the injured worker presented with back pain. The diagnoses were back pain, scoliosis, and lumbar spinal stenosis. Current medications included cyclobenzaprine, diclofenac, Omeprazole, oxycodone, Lisinopril, venlafaxine, omega 3 fatty acids, magnesium oxide, niacin, glucosamine, and Tizanidine. Upon examination, the injured worker was positive for heartburn and back pain. There was a positive right sided straight leg raise and an antalgic gait. Imaging studies concluded that fusion grade is at a 4 with deformity. There was a degenerative disc at L2-3, L3-4, and L4-5 with central stenosis at L2-3, L3-4, and L4-5; foraminal stenosis at the left L2-3, L3-4, and L4-5 with foraminal stenosis at the right L2-3, L3-4, and L4-5. There was facet arthropathy at L2-3, L3-4, and L4-5 and L5-S1. The provider recommended oxycodone, baclofen, and Percocet. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR capsules 10mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The frequency of the medication was not provided in the request as submitted. As such, Oxycodone IR capsules 10mg #360 is not medically necessary.

Baclofen 10mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines state that non-sedating muscle relaxants are to be used with caution as a second line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in overall pain and improvement appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The provider does not indicate the frequency of the medication in the request as submitted. As such, Baclofen 10mg #240 is not medically necessary.

Percocet 10/325mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. The frequency of the medication was not provided in the request as submitted. As such, Percocet 10/325mg #360 is not medically necessary.