

Case Number:	CM14-0150275		
Date Assigned:	09/18/2014	Date of Injury:	06/20/2000
Decision Date:	12/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Medicine 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:

This is a 56-year-old female injured worker who reported an industrial injury to her back on 6/20/2000, over 14 years ago, attributed to the performance of her usual and customary job duties reported as a slip and fall. The injured worker is being treated for chronic low back pain with lumbar disc displacement. The injured worker is status post fusion of the lumbar spine. The neurosurgical evaluation of the injured worker was that she had residual low back pain radiating to the left lower extremity. There were no new neurological deficits. The objective findings on examination demonstrated evidence of tenderness of the lumbar spine; decreased range of motion lumbar spine; and guarded gait. The treatment plan included a repeated magnetic resonance imaging (MRI) of the lumbar spine to rule out disease progression and a prescription for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg q4-6hours prn #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines Opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine

(ACOEM), 2ndEdition, (2004) chapter 6 pages 114-16 Official Disability Guidelines (ODG) Chapter On Pain, Opioids, Criteria For Use.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines section on Opioids; Ongoing Management recommends; "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records provided for review do not contain the details regarding the above guideline recommendations. The opportunity for weaning was provided. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. There is no documented sustained functional improvement. There is no medical necessity for opioids directed to chronic mechanical neck and back pain. The prescription for Oxycodone 30 mg #90 is being prescribed as opioid analgesics for the treatment of chronic back pain s/p lumbar spine fusion against the recommendations of the ACOEM Guidelines. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic back pain 14 years after the initial DOI and for a period of time longer than 6-8 weeks post operatively. There is no demonstrated medical necessity for the continuation of Oxycodone for chronic back. The request is not medically necessary.