

Case Number:	CM14-0158980		
Date Assigned:	10/30/2014	Date of Injury:	11/03/2008
Decision Date:	12/10/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	09/29/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, 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 28 year old female who was injured at work on 11/03/2008 when she tripped and fell. She has not worked since 2008. She is reported to be complaining of low back pain of 10/10 without medications, but 5/10 pain with medications; unbearable left leg pain. The physical examination revealed tenderness of the lumbar spine, severe spasms, radiculopathy, positive straight leg raise at 60degrees, positive Laseque sign, decreased sensations at the left L5, and S1 areas, slight weakness of the extensor Hallux Longus. The MRI of 01/24/14 revealed Mobic Type 2 end plate changes at L4-5; Diffuse disc protrusion effacing the thecal sac at L4-5; Focal left paracentral disc extrusion with annular tear indenting the thecal sac, narrowing of the bilateral neural foramen that effaces the left and right L5 exiting nerve roots. The worker has been diagnosed of Lumbar discogenic disease, chronic low back pain, left lower extremity radiculopathy, sleep disturbance. Treatments have included Oxycodone, Norco, Fentanyl, Trigger point injections, Lumbar epidural steroid injection. At dispute is the request for Oxycodone 10mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79-91.

Decision rationale: The injured worker sustained a work related injury on 11/03/2008. The medical records provided indicate the diagnosis of Lumbar discogenic disease, chronic low back pain, left lower extremity radiculopathy, sleep disturbance. Treatments have included Oxycodone, Norco, Fentanyl, Trigger point injections, and Lumbar epidural steroid injection. The medical records provided for review do not indicate a medical necessity for Oxycodone 10mg #180. The MTUS does not recommend the use of opioids for treatment of chronic pain for more than 70 days. However, the records indicate the injured worker has been using this medication or other opioids as far back as 2012, but has not returned to work. Although she is reported to have an improvement with pain with the use of the medication, there has been no overall improvement in function. Therefore, there the continued use of the medication is not medically necessary and appropriate.