

Case Number:	CM14-0169628		
Date Assigned:	10/17/2014	Date of Injury:	08/03/2010
Decision Date:	11/20/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 New Jersey and New York. 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 63 year old male who was injured on 8/3/10 by unknown mechanism. He complained of lower back pain. He also complained of left leg pain and falling due to dragging his left foot. On exam he has tenderness over lumbar spine, full strength of lower extremities and brisk patellar reflexes. He has decreased sensation along L5. An MRI of the lumbar showed diffuse disc bulges at L4-5, L3-4, and L2-3 that have decreased when compared to a previous study. The patient was diagnosed with degeneration of intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, and impotence. He was treated with Norflex, gabapentin, narcotics, Celebrex, epidural steroid injection, and he had a facet rhizotomy. He had physical therapy. The patient has been on long term opioids and the current request is for oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The patient has been on long-term opioid use, taking oxycodone for chronic back pain. The chart does not provide any documentation of improvement in pain and function with the use of oxycodone. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. The patient had continued pain and it was unclear what kind of relief oxycodone provided for the chronic back pain. Because there was no documented improvement in pain or evidence of objective functional gains with the use of oxycodone, the long-term efficacy for chronic back pain is limited, and there is high abuse potential, the risks of oxycodone outweigh the benefits. The request is considered not medically necessary.