

Case Number:	CM14-0022076		
Date Assigned:	05/07/2014	Date of Injury:	06/27/1997
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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 66-year-old male who sustained significant trauma on 06/27/97. Per the submitted clinical record, he was employed as a police officer for [REDACTED] when he was struck by a motor vehicle while on foot. He was identified as sustaining a spinous process fracture at L5. He later underwent BAK fusion at L5-S1 in 08/98. Post-operatively the injured worker had continued low back pain and was later identified as having a failed back surgery syndrome. Since that time, the injured worker had been maintained on oral medications. He additionally had been treated with lumbar transforaminal epidural steroid injections, which provided transient benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE-ACETAMINOPHEN 10/325MG #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, THERAPEUTIC TRIAL OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Oxycodone/Acetaminophen 10/325 mg # 150 is recommended as medically necessary. The records indicate the injured worker was maintained

on oxycodone acetaminophen 10 3/325mg. He has a signed pain management contract. He routinely underwent urine drug screens for compliance. He has significant documented functional improvements as a result of this medication as such the injured worker would meet criteria per California Medical Treatment Utilization Schedule (CAMTUS) for continued use of this medication.