

Case Number:	CM14-0023361		
Date Assigned:	05/12/2014	Date of Injury:	07/10/1995
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 55-year-old male who reported an injury on 07/10/1995 secondary to an unknown mechanism of injury. The injured worker was evaluated on 02/06/2014 for reports of cervical and lumbar pain rated at an 8/10 to 9/10 and a 50% decrease in function and activities of daily living. The exam noted significant paraspinous muscle spasms in the lumbar area with continued spasm to the legs. Severe cervical muscle spasms were noted with multiple tender and trigger point areas in the neck and upper trapezius muscle groups bilaterally. The exam further noted a significant decrease in range of motion of both the cervical and lumbar spines to flexion and extension and lateral rotation. The injured worker's motor weakness in the right upper extremity was noted at 4+/5 in flexion and extension with weakness in hand grip. The sciatic notch was noted to have tenderness bilaterally, along with significant focal tenderness over the facets with positive provocation. There was tenderness over the sacroiliac joints, a positive straight leg raise and increased radicular symptoms in both the upper and lower extremities. The diagnoses included cervicalgia with radiculopathy, lumbago with radiculopathy, myofascial syndrome, a spinal cord stimulator revision and an explant of the spinal cord stimulator. The Request for Authorization dated 01/16/2014 was noted along with the rationale for the request in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15 MG #200: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for oxycodone 15 mg #200 is certified. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The exam noted the injured worker's pain level to be at 3-4/10 with medication and 8-9/10 without medication and diminished functional status without the medication was noted. There is also evidence of an official recent urine drug screen consistent with the prescribed medications in the documentation provided. Therefore, based on the documentation provided, the request is certified.