

Case Number:	CM14-0023757		
Date Assigned:	06/20/2014	Date of Injury:	07/15/2008
Decision Date:	07/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/25/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas & Ohio. 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 73-year-old female who reported an injury on 07/15/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 05/30/2014 indicated the injured worker reported low back pain as sharp, stabbing in the right hip that radiated down her leg. The injured worker reported a recent laminectomy with improvement several months ago. The injured worker reported getting constant burning sensation in her right leg. The injured worker reported she cannot go without pain medication. The injured worker reported pain medications are helpful and reported 50% functional improvement with medication versus not taking them at all. The injured worker reported her pain 9/10 on average, 5/10 with medication and at worse 10/10 without them. On physical examination of the lower back, the injured worker's range of motion was flexion 30 degrees, extension 10 degrees. The injured worker had tenderness in the lumbar trunk with loss of lordotic curvature and muscle spasm in the lumbar trunk. The injured worker's deep tendon reflexes were 1+ at the knees and ankles, toes were downgoing to plantar reflex bilaterally. The injured worker's diagnoses included status post laminectomy at L4-5 with chronic back pain, muscle spasms and right radicular symptoms, history of spinal stenosis prior to surgery, history of depression and anxiety, history of bilateral hip pain with disc degenerative disease in her hip and joints. The injured worker's prior treatments included diagnostic imaging, home exercise program, and medication management. The injured worker's medication regimen included Percocet, Valium, and Soma. The provider submitted a request for oxycodone/APAP 10/325 mg #120. A Request for Authorization dated 05/30/2014 was submitted for oxycodone/APAP 10/325 mg #120; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE/APAP 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-Going Management Page(s): 78.

Decision rationale: 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. There is lack of evaluation of risk for aberrant drug use behaviors and side effects. In addition, the provider did not indicate a frequency for the medication. Therefore, the request for oxycodone/APAP 10/325 mg #120 is not medically necessary and appropriate.