MAXIMUS Federal Services

Case Number:	CM14-0031054		
Date Assigned:	06/20/2014	Date of Injury:	06/19/1998
Decision Date:	07/21/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/12/2014

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 Medicine and is licensed to practice in California. 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 46 year old male who had work related injuries on 06/19/98. There was no documentation submitted with mechanism of injury. The injured worker had surgeries, L5-S1 fusion in 2000. And then 2010 he had L4-5 LDR replacement. The injured worker continued to complain of back discomfort. Magnetic resonance image of the lumbar spine dated 01/23/14 post-operative changes representative of anterior interbody fusion at L4-5 aligned anatomically. There was a large right far lateral calcified disc ridge component which again caused mild right sided neural foraminal stenosis in moderate right sided lateral recess stenosis. Contact with the ventral aspect of the right L5 nerve root, and contact with root of the right far lateral zone. There was no significant canal central stenosis and there was decompression of the inferior lamina. At L5-S1 showed post-operative changes with excellent dorsal decompression and paraspinous atrophy. Normal course and calibre of the emerging bilateral S1 nerve roots. There was expected epidural scar organic granulation tissue encircling the mobilized S1 nerve roots. Distribution of the intrathecal nerve roots appeared anatomic. Most recent office note review dated 02/26/14 patient was injured worker was complaining of severe back pain. Pain was rated 9/10, at its best 8/10 with medication. He stated that he could not stand up straight that day. On physical examination the patient stood in a forward flexed posture, he had antalgic posture. He could not stand up straight. He could forward flex 30 degrees grasping his upper thighs. He continued to report altered sensory loss in the right and left lateral calves and right lateral thigh and foot. He ambulated with a limp with the right lower extremity. Deep tendon reflexes were 1+ at knees and ankles. Toes were downgoing to plant of reflex bilaterally. Palpation revealed muscle spasm in the lumbar trunk with loss of lordotic curvature with antalgic posture. Diagnoses was status post fusion L5-S1 status post L4-5 LDR. History of bipolar depression and anxiety disorder. History of neuropathic burning pain in both of his legs. In reviewing the

submitted documentation, there was no documentation of urinalysis toxicology, also the injured worker did not have documentation of increase in his functional capabilities, or a decrease in his pain. Recent prior utilization review on 03/07/14 was non-certified. The request was for oxycodone IR 15mg #140.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15mg #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid's.

Decision rationale: The request for oxycodone IR 15mg #140 is not medically necessary. The clinical documentation submitted for review does not support the request for oxycodone IR 15mg #140. In reviewing the submitted documentation, there was no documentation of urinalysis toxicology, also the injured worker did not have documentation of increase in his functional capabilities, or a decrease in his pain. Therefore medical necessity has not been established.