

Case Number:	CM14-0040493		
Date Assigned:	06/27/2014	Date of Injury:	02/02/1994
Decision Date:	07/28/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/10/2014

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 Occupational 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 patient is a 50 year old male who was injured on 02/02/1994. The mechanism of injury is unknown. SOAP note dated 02/20/2014 states the patient complained of low back pain and left leg pain status post lumbar fusion. He rated his pain as 5/10. Without his medications, his pain rate is 8/10 and with his medications is 4-8/10. His low back pain radiates to his bilateral legs restricting his movements. Without the benefit of his medications, it is noted that he would be completely incapacitated. On exam, there is tenderness of the lumbar spine and tightness across the lumbosacral region extending to bilateral SI joints. Positive straight leg raise elicits pain across low back and down posteriolateral right leg from the hip and buttock to the right calf. There is hypoesthesia in the left posterolateral leg from hip to heel. Diagnoses are chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral dis, lumbago, postlaminectomy syndrome, lumbar region, thoracic or lumbosacral neuritis or radiculitis and degeneration of thoracic or lumbar intervertebral disc. The treatment plan is to treat the patient conservatively with pain medication management. He received refills of his MS Contin 30 mg and oxycodone IR 5 mg. He has been taking oxycondone since 12/2013 with no changes in symptoms. Prior utilization review dated 03/01/2014 states the request for Oxycodone IR 5mg #180 is not certified as opioids are used as short term management for chronic pain. Continued weaning of oxycodone is warranted. Due to the lack of improvement in pain, Oxycodone ER 5 mg # 76 has been certified to begin slow taper protocol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 5mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: This is a request for Oxycodone for a 50-year-old male with chronic back and failed back surgery. Date of injury is 2/2/94. The patient is prescribed MS Contin 30 mg, 5 tabs tid and Oxycodone IR 5 mg, 2 tabs tid on a chronic basis. MTUS guidelines recommend opioids for chronic pain if clinically significant functional benefit is established. However, medical records provided fail to establish clinically significant objective functional improvement. The patient is not working. Dependence on medical care is not reduced. Further, the patient's opioid prescription far exceeds the recommended morphine equivalent dose (MED) of 120 mg per day. Medical necessity is not established.