

Case Number:	CM14-0042633		
Date Assigned:	06/30/2014	Date of Injury:	03/13/2012
Decision Date:	08/19/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/09/2014

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 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 59-year-old female who reported an injury on 03/13/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 05/27/2014 indicated diagnoses of lumbago, degeneration of intervertebral spondylolisthesis and lumbosacral spondylosis without myelopathy. The injured worker reported pain rated at a 6/10; the injured worker reported that she had an MRI dated 04/30/2014, which revealed multilevel lumbar canal stenosis and foraminal narrowing but was negative for disc extrusion and grade I retrolisthesis of L1 over L2 and grade II anterolisthesis of L4 over L5. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Levaquin, Mobic and Oxycodone HCL. The provider submitted the request for Oxycodone and a 12 panel urine drug screen. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain, Criteria for use Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The guidelines recommend that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated as to how long the injured worker had been utilizing this medication. Moreover, the request did not indicate a frequency for this medication. As such, the request is not medically necessary.

12 panel urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate that the injured worker displayed any aberrant behaviors, drug-seeking behaviors or whether the injured worker was suspected of illegal drug use. In addition, it does not indicate when the last urine drug screen was performed. Therefore, the request is not medically necessary.