

Case Number:	CM14-0047133		
Date Assigned:	07/02/2014	Date of Injury:	06/19/2007
Decision Date:	08/01/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/15/2014

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 55 year old male who was injured on 06/19/2007. The mechanism of injury is unknown. He has been treated with caudal epidural injections. Prior medication history included Flomax, Omeprazole, Ambien, Percocet 7.5/325, Gabapentin 300 mg, and Bupropion SR 150 mg. The patient has chief complaints of lumbar stenosis, post-laminectomy syndrome, back pain and lower extremity radicular pain. He reported his pain is 5-6/10. On exam, he has bilateral lower extremity radiculopathy. He is diagnosed with lumbar stenosis and lumbar radicular pain involving both lower extremities. It was felt that the patient should be considered for chronic opioid therapy, and he was given Oxycodone/Acetaminophen 7.5/325 mg. Prior utilization review dated 03/20/2014 states the request for Oxycodone and Acetaminophen is certified with modification to one prescription of oxycodone/acetaminophen 7.5/325 mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen 7.5/325 mg 60/30: Upheld

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

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

Decision rationale: According to MTUS Guidelines, opioids may be indicated for moderate to severe chronic pain if clinically significant functional improvement is demonstrated. The patient is taking opioids on a chronic basis. However, despite subjective reports of decreased pain and increased ability to perform activities of daily living (ADL's) due to opioid use, medical records do not document objective clinically significant functional improvement. The patient is not working, and there has not been a reduction in dependency on medical care. As such, the request is not medically necessary.