

Case Number:	CM14-0057172		
Date Assigned:	07/09/2014	Date of Injury:	02/18/2012
Decision Date:	09/08/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Texas. 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 63 year old male who reported an injury to his lumbar region on 02/18/12 due to an unknown mechanism of injury. The clinical note dated 02/18/13 indicates the injured worker having previously undergone a microdiscectomy at the L5-S1 level. The injured worker reported persistent numbness in the right S1 distribution as well as strength deficits. The injured worker was identified as using a cane for ambulatory assistance. Upon exam the injured worker was able to demonstrate 4/5 strength in the plantar flexors. Decreased sensation was identified at the right S1 distribution. The note indicates the injured worker utilizing Vicodin and Tylenol for pain relief at that time. The clinical note dated 05/06/14 indicates the injured worker continuing with 7/10 pain on the visual analog scale in the low back region. The note indicates the injured worker utilizing oxycodone, gabapentin and Lidoderm patches for ongoing pain relief. The note does indicate the injured worker having undergone urine drug screen which revealed no illicit substances. The note indicates the injured worker having shown negative findings for opioid use. The utilization review dated 04/16/14 resulted in a modified certification for the continued use of oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #60 times one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Oxycodone Page(s): 92.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of opioid medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. No recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.