

Case Number:	CM14-0059589		
Date Assigned:	07/09/2014	Date of Injury:	09/26/2006
Decision Date:	08/08/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/30/2014

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 Florida. 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 43-year-old male who reported an injury 09/26/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 02/28/2014 indicated diagnoses of cervical disc disease, cervical radiculopathy, status post lumbar fusion, and lumbar radiculopathy. The injured worker reported pain in the cervical spine that radiated down to his hands and fingertips with numbness, tingling and weakness. He rated his pain in the cervical spine 9/10. The injured worker rereported pain in the lumbar spine that radiated down to his legs with numbness and tingling of his toes rated 7/10. The injured worker reported the pain remained unchanged from the last visit. The injured worker reported taking medication regularly which helped with pain. On physical examination, the injured worker had an antalgic gait on the right. The injured worker had decreased normal lordosis. The cervical spine examination revealed tenderness to palpation and spasms over the cervical paraspinal muscles. The axial head compression was positive bilaterally and the injured worker had a positive Spurling's sign bilaterally. The injured worker had decreased sensation along the C6 dermatomes bilaterally. The elbow flexors at the C5 and C6 to the right were 4. The injured worker's upper extremity reflexes, the brachioradialis on the right was 1+. The injured worker's lumbar spine examination revealed moderate tenderness to palpation over the lumbar paraspinal muscles and moderate facet tenderness. The injured worker's lumbar spine range of motion revealed extension at 15 degrees bilaterally. The injured worker's sensory exam for the lumbar spine was decreased along the L5 dermatomes on the right. The injured worker reported lower extremity weakness and difficulty with ambulating. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, oxycodone, Fioricet, and Protonix. The provider submitted a request for oxycodone. The Request

for Authorization was submitted for medications; however, a rationale was not provided 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 #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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

Decision rationale: The request for Oxycodone 20 mg #50 is non-certified. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reported his pain level for the cervical spine was rated 9/10 and for the lumbar spine was rated at a 7/10 and it was unchanged since the last visit. There is lack of functional improvement with the use of this medication. In addition, there is a lack of evaluation of risk of aberrant drug use behavior and side effects. Furthermore, the request does not indicate a frequency for this medication. Moreover, there was lack of quantified pain relief with the use of this medication. Therefore, the request of oxycodone is non-certified.