

Case Number:	CM14-0062485		
Date Assigned:	07/11/2014	Date of Injury:	09/19/1995
Decision Date:	09/24/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/05/2014

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 54 year-old male with date of injury 09/19/1995. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/04/2014, lists subjective complaints as low back pain. The patient is post lumbar laminectomy. The objective findings included an examination of the low back which revealed tenderness with deep palpation over the lower lumbar spine. No significant spasms were noted. The range of motion was diminished in all planes secondary to pain. A straight leg test was negative. The patient's diagnoses included a lumbar spine strain/sprain, a lumbar spine post laminectomy, a lumbar spine status post laminectomy syndrome with chronic lower extremity radiculopathy, and status post intrathecal pump and multiple revision procedures. The patient has had no change in is pain condition since his last office visit. He continues to work full duty under his current pain management regimen. His medications do allow him to participate in full-time work at a very physical job. The medical records supplied for review document that the patient has taken the following medication for at least as far back as 6 months. The patient's medications include Oxycodone 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg 1 po q 4-6 hours prn: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use Therapeutic Trial of Opioids.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. In addition, the patient's most recent drug screen showed a therapeutic level of Oxycodone metabolites, which indicates that the medication has not been abused. Therefore the request is medically necessary.