

Case Number:	CM14-0063078		
Date Assigned:	07/11/2014	Date of Injury:	12/02/2009
Decision Date:	08/22/2014	UR Denial Date:	04/14/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 33-year-old female who reported an injury on 12/02/2009. The mechanism of injury was not specifically stated. Current diagnoses include status post lumbar fusion at L4-S1, lumbar disc disease, and lumbar radiculopathy. The injured worker was evaluated on 05/02/2014 with complaints of 6/10 lower back pain with radiation into the left lower extremity. Previous conservative treatment includes physical therapy and medication management. Physical examination on that date revealed an antalgic gait, a well-healed surgical scar, diffuse lumbar paraspinal muscle tenderness, hypersensitivity and allodynia in the left lower extremity, moderate facet tenderness at L4-S1, positive Lasegue's testing on the left, positive straight leg raising on the left, positive femoral stretch testing, limited lumbar range of motion, and decreased sensation along the L5 and S1 dermatomes. Treatment recommendations at that time included prescriptions for Neurontin 600 mg and oxycodone 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no documentation of a failure to respond to nonopioid analgesics. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.