

Case Number:	CM14-0072979		
Date Assigned:	07/18/2014	Date of Injury:	01/05/2005
Decision Date:	09/16/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 injured worker is a 58-year-old non-working male who sustained work-related injuries on January 5, 2005. As per the progress report dated May 29, 2014, the injured worker complained of continued severe and stabbing pain in his low back which radiates into his left hip down to his leg. At times, this causes him not to be able to stand up straight. He rated his pain as 9/10 on a pain scale. An examination revealed limited lumbar spine range of motion. Straight leg raising test caused left-sided back pain that radiates to the left buttock and posterior thigh. There is an altered sensory loss to light touch and a pinprick at the left lateral calf as well as the bottom of his foot was noted. He ambulated with a limp of the lower left extremity. His left hip examination revealed tenderness over the greater trochanter. A passive range of motion was painful with flexion and external rotation with a positive Faber's maneuver. Active range of motion was full and muscle rigidity in the lumbar trunk suggested muscle spasm with loss of lordotic curvature. The injured worker's left shoulder examination noted limited range of motion with positive impingement sign. Crepitus was noted with passive circumduction of the shoulder joint, which remained painful for him. In his most recent progress notes dated June 26, 2014, the injured worker reported severe pain in his back which continued to radiate to his left hip. He rated his pain at 8/10. He reported 50% reduction of pain and 50% functional improvement with activities of daily living with medications. Physical examination findings remained essentially the same as with previous findings. He is diagnosed with (a) lumbosacral sprain and strain with magnetic resonance imaging revealing lumbar degenerative joint disease, severe facet arthrosis at L5-S1 with facet overgrowth and neuroforaminal compromise with left leg sciatic symptoms; (b) left hip pain; (c) history of left shoulder girdle sprain and strain with tendinopathy as per magnetic resonance imaging; (d) electromyogram/nerve conduction studies of the left lower extremity previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Xartemis XR 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-80.

Decision rationale: Evidence-based guidelines indicate that for chronic back issues, opioids are only efficacious for short-term pain relief and long-term efficacy is also unclear. A review of this injured worker's records indicates that he has been utilizing opioids in the long term. Documentation also indicates that this medication has been certified with a previous utilization review for weaning purposes and it should have been complete. However, his provider continued to provide him prescriptions despite the recommendation to wean him from Xartemis. This action goes against the recommendation of the discontinuation of this medication. Also, most recent medical records dated June 26, 2014 indicate that he has experienced 50% pain level reduction and 50% functional improvement with the use of his medications. However, a comparison of the most recent records and prior records show that pain levels remain at moderate to severe intensity. Also, objective findings do not show significant improvements. In addition, although the injured worker stated that he has improved functional improvements with activities of daily, the said activities are not specifically mentioned or documented in the provided documents. Moreover, he has been authorized with Norco in order to address flare-ups and severe levels of pain. The records reviewed did not present any justification as to why two types of opioids are needed. Evidence guidelines indicate that there is no evidence of recommending one opioid over another. Based on these reasons, the requested Xartemis XR (oxycodone/acetaminophen) 7.5mg is not medically necessary.