

Case Number:	CM14-0089562		
Date Assigned:	07/23/2014	Date of Injury:	03/10/2007
Decision Date:	09/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 41 year old male who had a work related injury on 03/10/07. No documentation of mechanism of injury provided. A magnetic resonance image in April of 2007 revealed a 6mm disc protrusion centrally with questionable encroachment of the descending L5 nerve roots bilaterally. The injure worker underwent chiropractic treatment along with physical therapy, epidural steroid injection and surgery on 08/14/07 which included a right sided hemilaminotomy, medial facetectomy, foraminotomy and microscopic discectomy. He received no benefit from surgery, and recommended additional surgery in the form of a spinal fusion or disc replacement. He underwent a posterolateral arthrodesis L4-5 with an interbody fusion in January of 2009. Again, he did not get any relief and he was diagnosed with postlaminectomy syndrome. Magnetic resonance image of the lumbar spine was repeated on 09/15/11 which showed status post L4-5 posterior spinal fusion and laminectomy. L4-5 moderate right neural foraminal narrowing and mild left neural foraminal narrowing. There is minimal enhancement around the left L4 nerve root as it exits the neural foramen. This may indicate subtle reactive edema or inflammation. Most recent documentation submitted for review is dated 07/08/14. The injured worker rates his pain as 10/10 without medication, 5/10 with medication. There is 50% reduction in his pain, 50% functional improvement with medications. Physical examination of the lower back reveals limited range of motion. He can forward flex to 30 degrees, extend to 10 degrees. Right and left straight leg raising is 80 degrees causing right sided back pain. Palpation reveals muscle spasm and loss of lumbar curve in the spinal region. Motor strength, sensation and deep tendon reflexes are grossly intact in the lower extremities with the exception of altered sensory loss in the right lateral calf and bottom of his foot. He ambulates with a limp with the right lower extremity. Deep tendon reflexes are 1+ at the knees and ankles. Toes are downgoing to plantar reflex bilaterally. Diagnoses are history of partial laminectomy at L4-5

with redo fusion L4-5 with chronic back pain and muscle spasm and radicular symptoms. Prior utilization review on 06/03/14 was non-certified. Weaning was recommended on 03/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg. #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid's.

Decision rationale: The request for Oxycodone 10 mg. #60 is medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines support the request for Oxycodone. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation indicates significant decrease in pain scores with the use of medications. As such, medical documentation has been established. The request is medically necessary and appropriate.