

Case Number:	CM14-0094008		
Date Assigned:	07/25/2014	Date of Injury:	12/21/1998
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Nevada. 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 50-year-old female who was reportedly injured on December 21, 1998. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note dated February 11, 2014, indicated that there were ongoing complaints of low back pain. With and without medications, the injured employee was stated to be able to do simple chores around the house. The physical examination demonstrated an antalgic gait with ambulation. There were tenderness over the lumbar spine paraspinal muscles and pain full lumbar spine range of motion. There was also facet joint tenderness at L4-L5 and L5-S1 with a positive facet loading test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a lumbar spine medial branch neurotomy. A request was made for oxycodone/acetaminophen and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen 7.5/325mg, #30, Body part lumbar spine: 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 Opioids Page(s): 74, 78, 93.

Decision rationale: The California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. According to the progress note dated February 11, 2014, the injured employee was stated to be able to perform household chores both with and without her medications. Considering this, the request for oxycodone /acetaminophen 7.5 / 325mg is not medically necessary.