

Case Number:	CM14-0202750		
Date Assigned:	12/15/2014	Date of Injury:	02/20/2008
Decision Date:	01/31/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/04/2014

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 injured worker was a 53 year old male, who was injured on the job February 20, 2008. According to the progress note of December 2, 2014, the injured worker was diagnosed with lumbago, low back pain, post laminectomy syndrome of the lumbar with chronic low back pain. The injured worker has had a lumbar fusion and laminectomy. The injured worker's pain has been worse after the surgeries. The injured worker states his pain was 8/10 with medication; 0 being no pain and 10 being the worse pain. The injured workers medication list was valium 10mg 1-2 tablets daily, Cialis 5mg, soma 350mg 1 tablet 3 times daily and 2 at hour of sleep and Oxycodone 30mg 1-2 tablets every 4 hours not to exceed 6 tablets per day. The injured worker had good hygiene and normal grooming. The physical exam lumbar spine tenderness, decreased flexion, decreased extension, and decreased lateral bending. The injured worker was permanently disabled. The documentation submitted for review did not include x-ray studies or reports, laboratory studies, range of motion capability documentation or surgical notes. The documentation provided for this review was a progress note form December 2, 2014. On November 18, 2014, the UR denied authorization for Oxycodone 30mg tablets 1-2 tablets every 4 hours not to exceed 6 tablets a day for a total of 180 tablets. According to the UR decision, there was a lack of objective physical exam findings that would account for a pain condition to support the need for ongoing opioid treatment with the Oxycodone. Also, there was only a mention of some lumbar tenderness and decreased range of motion that was not enough. The records sent for review provide no evidence of trials of alternative analgesics for neuropathic pain. There is no quantification of pain improvements with the Oxycodone separate from the prescribed Valium and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines are very specific regarding the minimal medical standards to support the long-term use of opioids for chronic non-cancer pain. These standards include a detailed history of how the medications are utilized including the amount of pain relief and length of pain relief when they are taken. The Guidelines also state that there should be objective measures of functional improvement as a result of opioid use. These Guideline standards are not being met and the continued use of daily opioids is not recommended under these circumstances. The Oxycodone 30mg. #180 is not medically necessary.