

Case Number:	CM15-0002042		
Date Assigned:	01/13/2015	Date of Injury:	01/18/2011
Decision Date:	03/11/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on January 18, 2011. He has reported severe intractable back and lower extremity pain. The diagnoses have included post laminectomy syndrome of lumbar region, sciatica, degenerative lumbar/lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, spasm of muscle and lumbago. Treatment to date has included oral medications, physical therapy, home exercise program, moist heat and stretches, psychiatric care and injections therapy. On December 11, 2014 Utilization Review non-certified a Oxycodone HCL 20mg one every four hours as needed for pain , noting Medical treatment utilization schedule (MTUS) guidelines was cited. On December 4, 2014, the injured worker submitted an application for IMR for review of SCS permanent implant, and Oxycodone HCL 20mg one every four hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCl 20mg tabs, 1 every 4 hours as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain, post-laminectomy "failed back" syndrome, lumbar disc disease, and muscle spasms. In addition, the patient receives ondansetron 8 mg, Valium 10 mg, Lyrica 150 mg, and temazepam, all of which cause sedation. One treating physician documented that the patient's reported level of pain is 8/10. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, all of which are associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with oxycodone is not medically indicated.