

Case Number:	CM15-0004236		
Date Assigned:	01/15/2015	Date of Injury:	12/03/2009
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 40-year-old male who reported an injury on 12/03/2009. The mechanism of injury involved a motor vehicle accident. The current diagnoses include lumbar postlaminectomy syndrome and lumbar radiculopathy. The injured worker presented on 01/06/2015 with complaints of 8/10 low back pain with radiation into the bilateral lower extremities. The injured worker had increased pain and difficulty sitting, walking or performing any movement to the left side. The injured worker also reported poor sleep quality. The current medication regimen includes gabapentin 300 mg, Cymbalta 60 mg, oxycodone 30 mg, and Oxymorphone ER 30 mg. It was noted that the injured worker was status post lumbar laminectomy on 01/16/2014, cervical fusion in 07/2012, lumbar laminectomy in 03/2013, and a lumbar discectomy and foraminotomy on 03/27/2013. Upon examination, there was diminished motor strength in the bilateral lower extremities, restricted flexion to 45 degrees, limited extension to 5 degrees, pain with active range of motion, hypertonicity, spasm, tenderness, positive straight leg raise on the left, 2+ deep tendon reflexes, and decreased sensation over the L2 through S1 dermatomes. Recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hcl 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation provided, the injured worker has continuously utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement. The injured worker continues to report 8/10 pain with activity limitation and poor sleep quality. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.