

Case Number:	CM15-0004776		
Date Assigned:	01/16/2015	Date of Injury:	11/07/2009
Decision Date:	03/10/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/09/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old female who sustained an industrial injury on 08/21/2012. The injured worker has chronic low back pain. Diagnoses include post laminectomy syndrome-lumbar with intractable back and right lower extremity pain, and thoracic/lumbosacral neuritis/radiculitis. Treatment has included spinal cord stimulator system which has given the injured worker 80-90 percent relief of leg pain and greater than 50% relief of back pain. Additional treatment has included medications, and a home exercise program. A physician progress note dated 12/31/2014 documents the injured worker is complaining of intractable lumbar and right lower extremity pain with lower extremity pain symptoms predominating over the back pain, and she has been able to decrease her pain medications. On this date she reports a slight increase in lower back and right lower extremity. Her pain is 3 out of 10 with medication, and 9 out of 10 without medications. There is progressive weakness in her bilateral lower extremities. The treating provider is requesting Oxycodone HCL 30mg tabs #120. On 01/05/2015 the Utilization Review non-certified the request for Oxycodone HCL 30mg tabs #120, citing California Medical Treatment Utilization Schedule (MTUS)-Low Back Complaints-Chronic Pain Medical Treatment Guidelines-Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg tabs #120: 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): 79.

Decision rationale: Oxycodone 30mg #120 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. Additionally, this medication was prescribed in conjunction with other opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.