

Case Number:	CM15-0007637		
Date Assigned:	01/26/2015	Date of Injury:	01/29/2009
Decision Date:	03/19/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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: Texas, 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:

This is a 59 year old female patient with an industrial injury dated January 29, 2009. She sustained the injury while leaning over a food counter to serve students in cafeteria. The diagnoses include post laminectomy syndrome-lumbar, stenosis lumbar, degeneration lumbar intervertebral disc, and lumbar disc displacement. Per the doctor's note dated 11/6/2014, she had complaints of chronic low back pain and right knee pain. According to the progress note dated 1/6/2015, she reported increased pain in the low back, left buttock and legs with ongoing numbness in legs. Physical exam revealed no sensory deficits or infection. The medications list includes oxycodone, omeprazole, lisinopril, sertraline and trazodone. She has undergone 4 lumbar surgeries, tonsillectomy, cholecystectomy and tubal ligation. She has had multiple diagnostic studies including lumbar MRIs, lumbar CT scans, MRI pelvis, EMG/NCS; X- rays of the lumbar spine revealed intact hardware in L2-3 with no fracture or obvious abnormality. She has had physical therapy visits for this injury. She has had urine drug screen on 6/10/2011, 11/20/2012, 12/2/2013, 3/25/2014, 5/21/14. The treating physician prescribed Oxycodone/APAP 10/325mg QTY: 70. Utilization Review (UR) determination on January 6, 2015 denied the request for Oxycodone/APAP 10/325mg QTY: 70, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10/325 MG, Qty: 70: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): Page 76-80.

Decision rationale: Request: Oxycodone/APAP 10/325 MG Qty 70 According to CA MTUS guidelines cited above, “A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals.” The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: “The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.” The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycodone/APAP 10/325 MG Qty 70 is not established for this patient.