

Case Number:	CM15-0101032		
Date Assigned:	06/03/2015	Date of Injury:	02/18/2006
Decision Date:	07/07/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 37 year old male, who sustained an industrial injury on February 18, 2006, after a fall. He was diagnosed with lumbar spinal stenosis. Treatment included pain medications, physical therapy, acupuncture, and work restrictions. Magnetic Resonance Imaging revealed a lumbar disc bulge. In August, 2006, he underwent a spinal fusion without any significant improvement. He developed depression and anxiety symptoms. The injured worker also developed urinary difficulties and sleep disorders. He was unable to return to work. Currently, the injured worker complained of persistent back pain radiculopathy into both legs and feet. Range of motion examination showed limited extension and flexion. The treatment plan that was requested for authorization included a prescription for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5/325mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement. The patient is diagnosed with anxiety and depression for which he is prescribed multiple centrally acting drugs. MTUS 2009 states that opioids should result in functional improvement if used to treat non-cancer pain. Opioids are also known to exacerbate depression. The ongoing use of oxycodone does not adhere to MTUS 2009 since there is minimal analgesia documented in the medical record as well as no documentation of functional improvement. Oxycodone is not medically necessary.