

Case Number:	CM15-0103877		
Date Assigned:	06/05/2015	Date of Injury:	11/26/2013
Decision Date:	07/07/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 male, who sustained an industrial injury on 11/26/13. He has reported initial complaints of a low back injury with pain. The diagnoses have included low back pain and deep vein thrombosis of the lower extremity. Treatment to date has included medications, activity modifications, off work, labs, diagnostics, consultations, compression stockings, epidural steroid injection (ESI) and home exercise program (HEP). Currently, as per the physician progress note dated 1/5/15, the injured worker is for follow up visit and it is noted that in review of the sonovenogram that there is no longer a deep vein thrombosis, just a shrinking superficial venous thrombus and he is to remain on Warfarin. It is noted that the back pain is less frequent but he still has twinges of back pain at L4 level, interspersed with being pain free for a couple days at a time. It is noted that he was able to skip Percocet for a whole day 5-10 times. The objective findings reveal that the back has slightly limited range of motion. There are no reports of a urine drug screen noted in the records. The physician requested treatment included Oxycodone 5 mg #30 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in November 2013 and continues to be treated for low back and leg pain. He has a history of a DVT and imaging has shown a large disc herniation. When seen, a follow-up ultrasound showed improvement in the DVT. He was having less frequent back pain with minor recurrent injuries. There had been periods of time where he had been pain free and able to skip taking Percocet. Physical examination findings included slightly decreased lumbar spine range of motion. Medications being prescribed included oxycodone at a total MED (morphine equivalent dose) of less than 10 mg per day. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing an increased level of function, or improved quality of life or even that the claimant is having significant pain at this point. Therefore, continued prescribing was not medically necessary.