

Case Number:	CM15-0109220		
Date Assigned:	06/16/2015	Date of Injury:	07/25/2012
Decision Date:	07/20/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/08/2015

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, North Carolina
 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 7/25/12. She reported tripping over a rack and falling on her right side and striking her head. The injured worker was diagnosed as having chronic low back pain, lumbar strain, possible lumbar degenerative disc disease and right shoulder impingement syndrome. Treatment to date has included a lumbar epidural injection, an EMG study of the lower extremities with normal results and a lumbar MRI on 9/11/12 that was normal. Current medications include Oxycodone (since at least 3/10/15), Flexeril, Norco and Ambien. As of the PR2 dated 5/8/15, the injured worker reports pain in her lower back. Objective findings include tenderness to palpation throughout the lumbar spine, a negative straight leg raise test and right paraspinal spasms. The treating physician requested to continue Oxycodone 15mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS states that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long term use. Opioids appear to be efficacious but limited for short-term pain relief, and long-term pain relief is unclear, but is also limited. In this case, there is no report of trial and failure of first-line agents. There is also no report of functional gain. The number of Oxycodone tablets has been tapered from #240/month to #180/month without significant change in the patient's symptoms. This suggests that reassessment and consideration of alternative therapy is advisable. The request is not medically necessary or appropriate.