

Case Number:	CM15-0133260		
Date Assigned:	07/21/2015	Date of Injury:	11/07/2014
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/09/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42-year-old female, who sustained an industrial injury on 11/7/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar disc protrusion, lumbar spinal stenosis, lumbar radiculopathy, right wrist sprain/strain and psychological stress. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/24/2015, the injured worker complains of low back pain rated 8/10 and right wrist pain rated 7/10. Physical examination showed lumbar tenderness and decreased range of motion and right wrist decreased range of motion. The treating physician is requesting Oxycodone with APAP 5/325 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone W/APAP 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain, and Opioids/Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: Xartemis XR (Oxycodone hydrochloride and acetaminophen) XR tablets combines 2 analgesics, Oxycodone hydrochloride 5mg and acetaminophen 325 mg. There is no documentation of a pain severity with the use of Xartemis. There is no evidence of functional improvement with the use of this medication. Therefore, the request for Oxycodone W/APAP 5/325mg #30 is not medically necessary.