

Case Number:	CM15-0133772		
Date Assigned:	07/22/2015	Date of Injury:	05/04/1999
Decision Date:	08/25/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, 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:

This is a 52-year-old male with a May 4, 1999 date of injury. A progress note dated June 2, 2015 documents subjective complaints (ongoing pain in the lower back with radicular symptoms into both legs), objective findings (tenderness to palpation as well as spasm about the paralumbar musculature bilaterally; straight leg raising test is moderately positive bilaterally; weakness of the left ankle dorsiflexors), and current diagnoses (spondylolisthesis; liver cirrhosis). Treatments to date have included lumbar spine fusion, imaging studies, and medications. The medical record indicates that the injured worker was receiving some relief from Oxycodone. The treating physician documented a plan of care that included Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Oxycodone 5mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-92.

Decision rationale: The injured worker sustained a work related injury on June 2, 2015. The medical records provided indicate the diagnosis of (spondylolisthesis; liver cirrhosis). Treatments to date have included lumbar spine fusion and Viscoprofen. The medical records provided for review do indicate a medical necessity for 1 prescription for Oxycodone 5mg, #30. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment If there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Oxycodone is an opioid recommended to be taken as follows: Analgesic dose: (Immediate release tablets) 5mg every 6 hours as needed. Doses should be tailored for each individual patient, factoring in medical condition, the patient's prior opioid exposure, and other analgesics the patient may be taking. The medical records indicate the injured worker suffers from a liver condition that strongly limits the injured worker to only very few choices of medications, consequently this medication is being taken only once daily, rather than the recommended 6 hourly. As expected, the injured worker continues to experience pain due to the small dose. Considering the injured worker has severe limitation to the choice of medication, it is medically necessary to continue with this medication that the injured worker said provides some relief.