

Case Number:	CM15-0134229		
Date Assigned:	07/22/2015	Date of Injury:	01/23/2006
Decision Date:	08/18/2015	UR Denial Date:	07/09/2015
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: 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:

This is a 55 year old male with a January 23, 2006 date of injury. A progress note dated July 1, 2015 documents subjective complaints (more back pain; right hip; numbness of the leg; muscles spasms across the low back; numbness of the feet; numbness from the knee to the foot), and current diagnoses (lower back pain; neuropathy). A progress note dated March 2, 2015 documented objective findings (unsteady gait; use of a cane for balance; positive straight leg raise on the right; poor range of motion of all planes of the lumbar spine). Treatments to date have included medications and imaging studies. The medical record indicates that medications help control the pain. 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:

Oxycodone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2006 and continues to be treated for low back pain. Medications are referenced as decreasing pain from 10/10 to 5/10. When seen, physical examination findings were unchanged. A previous assessment documents an unsteady gait with a cane and positive right straight leg raising with decreased lumbar spine range of motion. Oxycodone is being prescribed at a total MED (morphine equivalent dose) of 180 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.