

Case Number:	CM15-0141900		
Date Assigned:	08/06/2015	Date of Injury:	02/16/2007
Decision Date:	09/18/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/21/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old, female who sustained a work related injury on 2-16-07. The diagnoses have included lumbar post-laminectomy syndrome, sacroiliitis, lumbosacral spondylosis, lumbar-thoracic radiculitis-radiculopathy and chronic intractable pain. Treatments have included oral medications and Lidoderm patches. In the Office Visit note dated 7-1-15, the injured worker reports severe, constant and chronic low back pain. On physical exam, lower extremity muscle tone is normal. Lumbar spine muscle tone is normal. She has pain with lumbar range of motion. Reflexes and sensation are within normal limits. She states her insurance plan has not been paying for her medications. She has been trying to pay for them, but cannot afford it. She states her symptoms are fairly well controlled on the medications. She is working. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg Qty: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids, Weaning of medications Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 54 year old female has complained of low back pain since date of injury 2/16/07. She has been treated with surgery, physical therapy and medications to include opioids since at least 03/2014. The current request is for Oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not medically necessary.