

Case Number:	CM15-0142189		
Date Assigned:	08/05/2015	Date of Injury:	08/07/2001
Decision Date:	09/25/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/22/2015

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:

The injured worker is a 58 year old male, with a reported date of injury of 08-07-2001. The diagnoses include lumbar radiculopathy, neuralgia, low back pain, lumbosacral radiculitis, and lumbosacral spondylosis without myelopathy. Treatments and evaluation to date have included oral medications, right radiofrequency ablation on 07-25-2014, and left radiofrequency ablation on 08-05-2014. The diagnostic studies to date have included an MRI of the lumbar spine on 01-30-2014 which showed a hemangioma in the T11 vertebral body, some non-specific dorsal subcutaneous fatty edema, no spondylosis, moderate interior facet arthropathy, mild narrowing at L2 to L3 and L3 to L4, mild diffuse disc bulging at L2 to L3 and L3 to L4, mild diffuse disc bulge at L4 to L5, mild proximal narrowing on the left with no exiting nerve root compression at L4 to L5, mild disc bulging at L5 to S1, mild reactive enhancement around the facets posteriorly at L4 to L5 and L5 to S1 consistent with facet arthropathy. A urine drug screen report dated 12-17-2014 was positive for opioids. The medical report dated 06-11-2015 indicates that the injured worker stated that the pain in his back was getting worse. The physical examination showed moderate distress, limited ambulation, very guarded motion or change in position, and an uncomfortable gait. It was noted that the injured worker was permanent and stationary, and unable to work. The treating physician planned to follow-up with the injured worker in one-month intervals. The medical report dated 05/12/2015 indicates that the injured worker had limited activity due to pain in the right lower extremity and numbness. It was noted that the injured worker continued essentially unchanged. The physical examination showed moderate distress, limited ambulation, an unchanged back, and a more guarded antalgic gait. It was noted that the injured worker was permanent and stationary, with all work limitations. The treating physician requested Oxycodone-Acetaminophen 10-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen tab 10-325mg, days supply: 30, QTY: 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 43, 76, 79, 80, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 8-07-2001. The diagnoses include lumbar radiculopathy, neuralgia, low back pain, lumbosacral radiculitis, and lumbosacral spondylosis without myelopathy. Treatments and evaluation to date have included oral medications, right radiofrequency ablation on 07-25-2014, and left radiofrequency ablation on 08-05-2014. The medical records provided for review do not indicate a medical necessity for Oxycodone/Acetaminophen tab 10-325mg, days supply: 30, QTY: 150. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, 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. The medical records indicate the injured worker has been on opioids at least since 11/2014, but with no documented evidence of either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. The requested treatment is not medically necessary due to lack of overall improvement with previous use of the medication.