

Case Number:	CM15-0148296		
Date Assigned:	08/11/2015	Date of Injury:	01/23/2008
Decision Date:	09/16/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/30/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 62-year-old male who sustained an industrial injury on January 23, 2008 resulting in neck and low back pain, as well as his bilateral upper extremities. He was diagnosed with lumbosacral spondylosis, trigger points, and cervical spondylosis. Documented treatment has included trigger point injection, unspecified cervical and lumbar surgeries, independent participation in acupuncture sessions which was reported to provide significant pain reduction, and medication which he reports enabling his ability to function. The injured worker continues to present with low back and buttock pain, and muscle spasms. The treating physician's plan of care includes Oxycodone tablet 10 mg, and Oxycontin tablet 30 mg. He is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Oxycodone tablet 10mg Qty: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS does not recommend long-term opioids for chronic pain. There is no evidence that opioids showed long-term benefit or improvement in function when used as a treatment for chronic back pain. In this case, there is no recent examination for review addressing pain relief or improvement in function. There is no rationale for opioid use 7.5 years after the claim of cumulative musculoskeletal trauma. There is also no rationale given as to why 2 opioids are required for this patient's symptoms. Thus, the request is not medically necessary or appropriate.

Pharmacy purchase of Oxycontin tablet 30mg Qty: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The request is for Oxycontin 30 mg tablets #60 and Oxycodone 10 mg tablets #90. CA MTUS does not recommend long-term opioids for chronic pain. There is no evidence that opioids show long-term benefit or improvement in function when used as a treatment for chronic back pain. In this case, there is no recent examination for review addressing pain relief or improvement in function. There is no documentation of rationale for opioid use 7.5 years after the claim of cumulative trauma. There is also no rationale as to why 2 opioids are required for this patient's symptoms. Therefore, the request is not medically necessary or appropriate.