

Case Number:	CM15-0160207		
Date Assigned:	08/26/2015	Date of Injury:	04/18/2003
Decision Date:	09/29/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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

Certification(s)/Specialty: Emergency 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 70-year-old male with an industrial injury dated 04-18-2003. His diagnoses included post laminectomy syndrome of lumbar region, generalized pain and depressive disorder. Comorbid conditions included heart stent, cancer removed from right side of head and bladder cancer. Prior treatment included medications, spinal cord stimulator, physical therapy, ice treatment, TENS, epidural steroid injection and facet joint injection. He presents on 07-08-2015 with "unchanged left leg pain and unchanged lumbar pain." He states he is out of Fentanyl patches, which give him about 55% relief of pain. Norco gives him 4-5 hours of relief and pain will drop to about 4-5 out of 10. He states without pain medication his pain remains 8-9 out of 10. He stated activities of daily living remain the same since his last visit. Physical exam noted limited range of motion of the lumbar spine with pain in sacroiliac joint, thoracic spasm and tenderness in thoracolumbar and lumbosacral buttock. His medications include Celebrex, Cymbalta, Seroquel, Mirapex, Lidoderm patches, Remeron, Lunesta, Toprol XL, Ropinirole, Entocort EC Asacol, Zyban, and Aspirin. The injured worker was counseled as to the benefits of opioid medications and potential side effects. The treatment request is for Oxycodone 10 mg Qty 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg Qty 120: 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, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Oxycodone 10 mg Qty 120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has "unchanged left leg pain and unchanged lumbar pain." He states he is out of Fentanyl patches, which give him about 55% relief of pain. Norco gives him 4-5 hours of relief and pain will drop to about 4-5 out of 10. He states without pain medication his pain remains 8-9 out of 10. He stated activities of daily living remain the same since his last visit. Physical exam noted limited range of motion of the lumbar spine with pain in sacroiliac joint, thoracic spasm and tenderness in thoracolumbar and lumbosacral buttock. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone 10 mg Qty 120, is not medically necessary.