

Case Number:	CM15-0166783		
Date Assigned:	09/04/2015	Date of Injury:	02/20/2009
Decision Date:	10/08/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 2-20-2009. He reported low back pain from heavy lifting activity. Diagnoses include failed back surgery with postlaminectomy pain syndrome and major depressive disorder. Treatments to date include activity modification, medication therapy, physical therapy, epidural steroid injections, and psychotherapy. Currently, he complained of ongoing pain and symptoms of depression including trouble sleeping, decreased energy, worry, isolation, thoughts of dying and loss of appetite. The records indicated medications previously prescribed had not been authorized. On 3-24-15, the physical examination documented fair judgment and a sad mood. The appeal requested authorization for Oxycodone HCL 10mg tablets, #156.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #156: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: The current request is for Oxycodone HCL 10mg #156. The RFA is not provided in the medical file. Treatments to date include lumbar fusion (2010), activity modification, medication therapy, physical therapy, epidural steroid injections, and psychotherapy. The patient's work status was not addressed. MTUS, Medications for Chronic Pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference". The most recent report provided for review is from 03/31/15. According to this report, the patient presents with chronic low back pain. He reports that increasing his Butrans made him significantly somnolent. The patient reported that he would rather be on Norco and the treater recommended the patient to re-start Norco. There is no discussion regarding the requested Oxycodone HCL 10mg. This appears to be an initial request, as prior reports do not discuss this medication. In this case, recommendation for initiating a new opioid cannot be supported as there is no functional and baseline pain assessment. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities". Given the lack of documentation as required by guidelines, the request is not medically necessary.