

Case Number:	CM15-0199847		
Date Assigned:	10/15/2015	Date of Injury:	06/27/2013
Decision Date:	11/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/12/2015

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 27 year old male, who sustained an industrial injury on 6-27-13. The injured worker was diagnosed as having lumbar discogenic pain, bilateral lower extremity radicular pain, lumbar facet syndrome and bilateral sacroiliac joint dysfunction. Subjective findings (6-11-15, 7-6-15, 8-5-15, 9-1-15) indicated 9 out of 10 pain without medications and 4-5 out of 10 pain with medications. He has been able to return to work. Objective findings (6-11-15, 7-6-15, 8-5-15, 9-1-15) revealed tenderness to palpation in the L5-S1 paraspinals and the bilateral sacroiliac joints and limited lumbosacral spine range of motion due to pain. As of the PR2 dated 9-30-15, the injured worker reports persistent lower back pain. He rates his pain 9 out of 10 without medications and 4-5 out of 10 with medications. The treating physician noted that the injured worker has been working and is not a surgical candidate. Objective findings include tenderness to palpation in the L5-S1 paraspinals and the bilateral sacroiliac joints and limited lumbosacral spine range of motion due to pain. Current medications include Cymbalta and Oxycodone (since at least 4-21-15). Treatment to date has included a home exercise program, a bilateral sacroiliac joint intraarticular injection on 6-16-15 and Lyrica. The Utilization Review dated 10-12-15, non-certified the request for Oxycodone 5mg #70.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Oxycodone is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to meet criteria to recommend continued opioid therapy. Patient has continued severe pain with minimal improvement in pain and no benefit in terms of objective functional status. The lack of any objective benefit does not support request. Oxycodone is not medically necessary.