

Case Number:	CM15-0206867		
Date Assigned:	10/23/2015	Date of Injury:	04/13/2010
Decision Date:	12/04/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/20/2015

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: 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 46 year old, female who sustained a work related injury on 4-13-10. A review of the medical records shows she is being treated for low back pain. In the progress notes dated 7-31-15 and 9-3-15, the injured worker reports low back pain. She has radiating pain down both legs. She describes the pain as sharp, throbbing, dull, aching, shooting, electric-like, and burning. She rates this pain level a 6-7 out of 10 with medications and 10 out of 10 without medications. She reports there have been no changes. She states, "the medications are working well." She reports right hip and right leg pain. On physical exam dated 9-3-15, she has restricted lumbar range of motion with flexion and extension. She has positive lumbar facet loading on both sides. Straight leg raise is positive with right leg. Treatments have included physical therapy x 10 sessions-no significant pain relief, medications, lumbar epidural steroid injections x 4-no significant pain relief, trial of spinal cord stimulator-moderate pain relief and yoga-mild pain relief. Current medications include Lyrica, Oxycodone and Lipitor. She has been taking the Oxycodone since at least February 2015. There are no significant changes in pain level or functional capabilities. Urine drug screen dated 7-7-15 is negative for Oxycodone. She is working full time with light duty. The treatment plan includes refills of medications. The Request for Authorization dated 9-4-15 has requests for Oxycodone and Lyrica. In the Utilization Review dated 9-16-15, the requested treatment of Oxycodone 10mg. #90 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #90 no NDC# no refills: Upheld

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

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.