

Case Number:	CM15-0207770		
Date Assigned:	10/26/2015	Date of Injury:	01/10/2013
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/21/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 34 year old male, who sustained an industrial injury on 1-10-2013. The injured worker was being treated for lumbar radiculopathy. The injured worker (6-24-2015) reported ongoing low back pain radiating to the bilateral legs, left greater than right. He reported leg weakness. He reported that his pain was unchanged. The physical exam (6-24-2015) revealed tenderness of the bilateral lower lumbar to upper sacral area and flexion fingertips to knees. The injured worker (8-3-2015) reported worsening back pain since the last visit. He reported 3 episodes of sudden and severe stabbing resulting in bladder incontinence twice and bowel incontinence once. The physical exam (8-3-2015) revealed tenderness of the bilateral lower lumbar to upper sacral area. The treating physician noted that range of motion was not tested today. The medical records (9-3-2015) show no documentation of subjective complaints or objective findings. The medical records did not include documentation of the subjective pain ratings on 6-24-2015, 8-3-2015, and 9-3-2015. A recent urine drug screen to verify compliance with Oxycodone HCL was not included in the provided medical records. Treatment has included physical therapy, a selective nerve root block, work restrictions, and medications including pain (Oxycodone since at least 11-2014), muscle relaxant, anti-epilepsy, antidepressant, and non-steroidal anti-inflammatory. Per the treating physician (9-3-2015 report), the injured worker has not returned to work. On 9-3-2015, the requested treatments included Oxycodone HCL. On 9-17-2015, the original utilization review modified a request for Oxycodone HCL Qty. 81 (original request for Qty. 90) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5mg Qty: 90.00: Upheld

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

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

Decision rationale: Oxycodone HCL 5mg #90 is not medically necessary. Page 79 of the MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; and (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Therefore, the requested medication is not medically necessary. It is more appropriate to wean the claimant of this medication to avoid side effects of withdrawal.