

Case Number:	CM15-0020570		
Date Assigned:	02/10/2015	Date of Injury:	08/18/1994
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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: Preventive Medicine, Occupational 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 67 year old female, who sustained an industrial injury on 8/18/94. She has reported low back pain related to a fall on stairs. The diagnoses have included lumbar degenerative disc disease, brachial neuritis, myofascial pain and lumbar radiculitis. Treatment to date has included MRI of the lumbar spine and oral medications. As of the PR2 dated 12/29/14, the injured worker reports sharp pain down the lower extremities and severe nerve pain at night. The treating physician requested to restart Oxycodone 5mg #30. On 1/23/15 Utilization Review non-certified a request for Oxycodone 5mg #30. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 2/4/15, the injured worker submitted an application for IMR for review of Oxycodone 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL Tablets 5mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Oxycodone HCL Tablets 5mg # 30 is not medically necessary.