

Case Number:	CM15-0039119		
Date Assigned:	03/09/2015	Date of Injury:	11/04/2012
Decision Date:	04/21/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 28-year-old male who sustained a work related injury November 4, 2012, after falling in a puddle and onto his back. The initial pain was to the lower back, radiating up spine and down to the buttocks, pain in he left elbow and left ankle. He was treated with medication for pain control. According to a primary treating physician's progress report, dated February 11, 2015, the injured worker presented with unchanged pain, predominantly lumbar pain. There is spasm with radiation to the right leg, weakness, pain, and paresthesias. There is also difficulty with prolonged standing, sitting, and heavy lifting. Physical examination of the lumbar spine revealed spasm and tenderness to palpation, motion is guarded due to pain and negative pathologic reflexes. Diagnoses are lumbar degenerative disc disease and lumbar spondylosis. Treatment plan included requests for Oxycontin and Percocet. Discussion noted, awaiting review of request for lumbar transforaminal epidural steroid injection under fluoroscopic guidance to left L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen (Percocet) 10/325mg Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records, there is no documented functional improvement with the use of opioids. Therefore, the request is not medically necessary.

Oxycontin 20mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records, there is no documented functional improvement with the use of Norco. Therefore, the request is not medically necessary.