

Case Number:	CM15-0044646		
Date Assigned:	03/16/2015	Date of Injury:	09/25/2006
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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 66 year old female, who sustained an industrial injury on September 25, 2006. The injured worker was diagnosed as having post-laminectomy syndrome of the lumbar spine, lumbar disc displacement, lumbosacral radiculitis, Atlanto-occipital sprain/strain, and trochanteric bursitis. Treatment to date has included lumbar fusion of L3-L4 and posterior spinal fusion of L2-S1 with a revision, MRI of the lumbar spine, physical therapy, home exercise program, medications, and lumbar corset. Currently, the injured worker complains of back pain, right sciatic and neck pain. She describes the pain as aching and with moderate severity. The pain is aggravated when performing activities of daily living. Her treatment plan includes continuation of her medications, request for CT myelogram, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-acetaminophen 5/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain with radiation to the lower extremities and hip pain. The patient sustained work related injuries on 09/25/2006. The patient has "failed back" syndrome, having had a lumbar laminectomy. This review covers the prescription for oxycodone-acetaminophen 5-325 mg, 5 tabs a day. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation, treatment with oxycodone-acetaminophen 5-325 mg is not medically necessary.