MAXIMUS Federal Services

Case Number:	CM15-0045773		
Date Assigned:	03/18/2015	Date of Injury:	09/17/2008
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/10/2015

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: Emergency 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 55 year old male injured worker suffered an industrial injury on 9/17/2008. Mechanism of injury is described as from lifting a heavy piece of equipment. The diagnoses were lumbar degenerative disc disease and lumbosacral spondylosis. The diagnostic study was lumbar magnetic resonance imaging, which revealed severe degenerative changes with L5-S1 severe degenerative neuroforaminal stenosis and L4-5 5mm disc bulge. The treatments were lumbar disc arthroplasty, physical therapy, massage therapy, lumbar brace, nerve blocks, medications and an FDA experimental external spinal cord stimulator. The treating provider reported chronic low back pain 7/10 improving to 4/10 with medications with noted exam of back with spasms and reduced range of motion. Review of records show that patient has been stable on current medication regiment. Letter of appeal dated 2/2/15 notes pain relief, monitoring and side effects monitoring. It does note prior failure of weaning and that current opioid therapy has been stable should not be changed. The requested treatments were: 1. Kadian 60mg ER/24 hr capsule; 1 capsule every 12 to 24 hrs. #60. 2. Oxycodone 15mg; 1 tablet every 4-6 hours as needed (Max 6/day); 30 days #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg; 1 tablet every 4-6 hours as needed (Max 6/day); 30 days #180:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Oxycodone is an opioid. As per MTUS Chronic Pain guidelines appropriate documentation analgesic relief, improvement in function, monitoring for abuse and side effects need to be documented. All necessary components have been documented by provider and is appropriate. Patient has noted improvement in pain and function. MTUS guidelines recommend a maximum of 120mg Morphine Equivalent Dose a day. However, the patient is currently on 150-180mg MED a day. While this level is above recommended level, the provider states that patient has been functional at this current level with no side effects. Prior attempts at weaning have failed. Current continued use of current opioid regiment is warranted. Oxycodone is medically necessary.