

Case Number:	CM15-0052383		
Date Assigned:	03/25/2015	Date of Injury:	07/07/2009
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 38-year-old female, who sustained an industrial injury on 7/7/2009. She reported injury to her back in the course of employment from stress of moving boxes. The injured worker was diagnosed as having lumbar sprain, status post lumbar spine surgery (11/02/2010), and lumbar radiculopathy. Treatment to date has included lumbar surgery, physical therapy, magnetic resonance imaging, neurodiagnostic testing, and medications. Currently, the injured worker complains of ongoing low back pain, with radiation to both legs, and associated numbness, tingling, and weakness. Physical exam noted tenderness, scarring, spasms, and decreased range of motion to the lumbar spine. Current medications included Oxycodone and Cymbalta. A medication regime was not documented. Medication refills were requested. Urine drug screen, dated 10/07/2014, was inconsistent with prescribed medications. A neurosurgical evaluation, dated 2/20/2015, noted a recommendation for bilateral L4-5 and L5-S1 microdiscectomy and laminar foraminotomies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 92, 124, 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in July 2009 and continues to be treated for chronic low back pain with lower extremity radiating symptoms. She underwent a lumbar fusion in November 2010. The requesting provider documents medications as decreasing pain from 9/10 to 5/10. Medications include oxycodone at a total MED (morphine equivalent dose) of less than 70 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of oxycodone was medically necessary.