

Case Number:	CM15-0055440		
Date Assigned:	03/30/2015	Date of Injury:	01/03/1994
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 46 year old male, who sustained an industrial injury on 1/3/94. He reported back pain with radiation to the left and right gluteal region. The injured worker was diagnosed as having lumbar post-laminectomy syndrome and lumbar/sacral radiculopathy. Treatment to date has included spinal fusion at L4-5 and S1 in 1994 and fusion with hardware at from L3-S1 in 2008 which provided no pain relief. Other treatment included psychological therapy, brace support, heat, medication, and epidural steroid injections. Currently, the injured worker complains of low back pain. The treating physician requested authorization for Oxycodone 10mg #40. A physician's report dated 3/5/15 noted the injured worker was slowly weaning himself off of Oxycodone. The current medication regimen provided modest pain relief and allowed improved activity levels on most days. The medications listed are Fentanyl, Oxycodone, Lidoderm and Xanax. The UDS reports are consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Oxycodone 10mg #40: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids could be utilized for the treatment of exacerbation of musculoskeletal pain when treatments with NSAIDs and PT have failed. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with sedative medications. The records showed documentation of guidelines required compliance monitoring of consistent UDS reports, absence of aberrant behavior and functional restoration. The records indicate that the patient was already on a self weaning regimen for the Oxycodone. The criteria for the use of Oxycodone 10mg #40 was met.