

Case Number:	CM15-0083117		
Date Assigned:	05/05/2015	Date of Injury:	04/08/1993
Decision Date:	06/03/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/30/2015

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 60-year-old male, who sustained an industrial injury on 04/08/1993. The initial complaints or symptoms included low back pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRIs, conservative therapies, and lumbar fusion surgery. Currently, the injured worker complains of low back and bilateral leg pain. The injured worker was currently being treated with Norco, Lyrica, oxycodone, Ultram, and Elavil. The diagnoses include low back pain, post laminectomy pain syndrome, ongoing lumbar radiculopathy, lumbar facet osteoarthritis, and painful hardware. The request for authorization included oxycodone IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of oxycodone IR 15mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (oxycodone).

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

Decision rationale: The claimant sustained a work injury more than 20 years ago and continues to be treated for low back and radiating leg pain. Diagnoses include post laminectomy syndrome. When seen, pain was rated at 8/10. Medications being prescribed included Norco, oxycodone, and Ultram at a total MED (morphine equivalent dose) of 125 mg per day. Physical examination findings included a stiff gait with decreased and painful lumbar spine range of motion. There were right lower extremity dysesthesias. MS Contin and oxycodone were prescribed at a total MED of less than 100 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction. The total MED is 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of oxycodone was medically necessary.