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| Case Number: | CM15-0087448 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 07/09/1998 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 04/13/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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, North Carolina
 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:

This 55 year old male sustained an industrial injury to the back on 7/9/98. Magnetic resonance imaging lumbar spine (7/20/10) showed degenerative changes with disc bulge, disc space narrowing and disc desiccation. Previous treatment included physical therapy, chiropractic therapy, massage, rigid foam roller and medications. Documentation did not disclose the number of previous chiropractic therapy or physical therapy sessions. In a PR-2 dated 3/31/15, the injured worker complained of increasingly worsening low back pain with radiation down bilateral legs associated with numbness. The injured worker had been taking over the counter medications for pain. The injured worker reported that he had vomited last week after taking three Etodolac tablets. The injured worker reported that he had stayed in bed most of the day. The injured worker stated that he felt as if his back was "off" and needed to be adjusted by a chiropractor. The injured worker stated that he had gotten some benefit from previous chiropractic therapy and physical therapy. The injured worker continued to work full time despite continuing pain. Physical exam was remarkable for marked lumbar spine paraspinal muscle spasms with normal sensory and motor examination. The injured worker was able to walk on heels and toes. Current diagnoses included low back pain, lumbar spine degenerative disc disease, lumbar spine foraminal stenosis, lumbar spine spondylolisthesis, right foot pain and thoracic scoliosis. The treatment plan included chiropractic evaluation and treatment, physical therapy evaluation and treatment, a transcutaneous electrical nerve stimulator unit trial, lumbar spine magnetic resonance imaging and prescriptions for Oxycodone IR, Flector patches and Therma Care heat wraps.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 5mg 1/2-1 tab as needed, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release Page(s): 92.

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

Decision rationale: According to the CA MTUS, opioids have been suggested for neuropathic pain that has not responded to first-line agents (antidepressants, antiepilepsy drugs). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. The request is for Oxycontin IR (immediate release) 5 mg. #30. Oxycontin tablets are not intended for use as a prn analgesic. In this case, there is no documentation of failure of first-line agents. In addition, the patient has a normal neurologic exam. There is also no documentation of functional improvement with the Oxycontin. Therefore, the request is not medically necessary.