

Case Number:	CM15-0235724		
Date Assigned:	12/11/2015	Date of Injury:	12/26/1996
Decision Date:	01/14/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/02/2015

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: North Carolina, Georgia
 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:

The injured worker is a 59 year old female who sustained an industrial injury on 12-26-96. The injured worker reported discomfort in the back and left knee. A review of the medical records indicates that the injured worker is undergoing treatments for degeneration of lumbar disc and lumbosacral radiculitis. Medical records dated 10-28-15 describe the pain as "moderate...stabbing and burning", with associated symptoms of headaches. Provider documentation dated 10-28-15 noted the work status as temporary totally disabled. Treatment has included Oxy IR since at least May of 2015, status post spinal cord stimulator insertion, Tizanidine since at least May of 2015, and injection therapy. Objective findings dated 10-28-15 were notable for decreased lumbar range of motion, paravertebral muscle and sciatic notch tenderness. The original utilization review (11-20-15) partially approved a request for Oxy IR 15mg half - 1, 4 times a day as needed #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 15mg 1/2 - 1, 4 times a day as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS allows for the use of opioid medication, such as oxy IR, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Oxy IR 15 mg 1/2-1 4 times a day as needed #120 is not medically necessary.