

Case Number:	CM14-0114575		
Date Assigned:	08/06/2014	Date of Injury:	10/01/2004
Decision Date:	10/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old male who is reported to have sustained work related injuries on 10/01/04. The mechanism of injury is not described. The clinical records indicate that the injured worker has undergone multiple surgeries to include a right shoulder arthroplasty, left shoulder arthroscopy, anterior cervical discectomy and fusion (ACDF) at C5 to C6, and a right carpal tunnel release. Diagnoses are listed as chronic pain and a failed back surgery syndrome. The injured worker continues to have low back pain with radiation in the left lower extremity. He has largely been treated with oral medications. Physical examination revealed an antalgic and ataxic gait, emotionally labile, negative Spurling's sign, and tenderness to palpation over the paracervical musculature. He is noted to have decreased sensation at the left lower extremity at the L4 distribution. The record contains a utilization review determination dated 07/17/14 in which a request for Oxy immediate release (IR) 15 milligrams quantity 180 was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Oxy IR 15 mg, #180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Regarding opioids, long term assessment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: The request for Oxy immediate release (IR) 15 milligrams quantity 180 is medically necessary. The submitted clinical records indicate that the injured worker has a failed back surgery syndrome. He has some findings suggestive of myelopathy. He is status post right shoulder arthroplasty with continued elevated levels of pain and a left shoulder arthroscopic with significant levels of pain. He has evidence of lumbar radiculopathy on examination and as such the use of Oxy immediate release (IR) 15 milligrams would be clinically indicated in an effort to control the injured worker's elevated levels of pain. The record does not indicate any evidence of diversion or misuse. He is compliant with his treatment program and as such medical necessity has been established.