

Case Number:	CM14-0146940		
Date Assigned:	09/12/2014	Date of Injury:	11/05/2002
Decision Date:	10/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 65 year old male with a work injury dated 11/5/05. The diagnoses include low back pain and history of lumbar sprain/strain. A MRI revealed degenerative disc disease, disc herniation at L4-L5 entrapping the left S1 nerve root with ongoing chronic left radiculopathy. Under consideration is a request for 1 prescription of Oxycodone IR 15mg #120. There is a primary treating physician report dated 9/2/14 that states that the patient reports stabbing pain in his back, muscle spasms. He has been using Percocet again, up to four per day to manage pain. He is under a narcotic contract with our office. Urine drug screens have been appropriate. He reports 50% reduction in his pain with the medications versus not taking them at all. He is on Social Security disability. He is not working. Nonindustrially, he takes medication for diabetes, hypertension. He has had bilateral carotid endarterectomies recently on a nonindustrial basis. He uses Xanax p.r.n. for anxiety disorder. He remains on Social Security disability, is not working. He rates his pain today a 9/10, at best a 4/10 with his medication, 10/10 without them. He reports 50% reduction in his pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. He continues a home exercise regime as learned previously through our office and prior physical therapy. Lower back exam reveals limited range. He can forward flex 30 degrees, extend 10 degrees. Right and left SLRs arc both 80 degrees causing back pain that radiates in the left buttock and posterior thigh. He reports altered sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot. He ambulates with a limp. Palpation reveals muscle spasm in the lumbar trunk with loss of lordotic curvature. Deep tendon reflexes are +1 at the knees and ankles. Toes are down going to plantar reflex bilaterally. Neck range is mildly limited in all planes. Cervical compression, Valsalva, and Hoffmann's signs are negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone IR 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, Opioids.

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

Decision rationale: Oxycodone IR 15mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. The documentation indicates that the patient has been on long term opioids without significant functional improvement. There have been prior utilization reviews recommending weaning. The continued use of oxycodone is not appropriate and therefore Oxycodone IR 15mg #120 is not medically necessary.