

Case Number:	CM14-0154880		
Date Assigned:	09/25/2014	Date of Injury:	11/21/2003
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation and Pain 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 female who reported an injury of unspecified mechanism on 11/21/2003. On 08/15/2014, her diagnoses included displacement of cervical intervertebral disc without myelopathy and degeneration of lumbar disc. Subsequent to her industrial injury, she was involved in a motor vehicle accident. She had increased pain in both the cervical and lumbar spine with headaches. Part of her treatment plan was a CT scan due to her continued dizziness. The rationale for the requested MRI was due to the changes in symptoms of her low back. Her medications included Clonazepam 0.5 mg, Valium 5 mg, Cymbalta 60 mg, Gabapentin 800 mg, Ibuprofen 400 mg, Lidoderm patch, Oxycodone 10 mg, Voltaren gel, Protonix 20 mg, and Simvastatin 20 mg. There was no rationale for the requested Oxycodone. A Request for Authorization dated 08/15/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

Decision rationale: The request for Oxycodone HCL 10 mg #300 is not medically necessary. The California MTUS Guidelines recommends ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects or quantified efficacy. Additionally, there was no frequency specified in the request. Without the frequency, the morphine equivalency dosage cannot be calculated. Therefore, this request for Oxycodone HCL 10 mg #300 is not medically necessary.

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Procedure Summary (Updated 8/22/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of lumbar spine is not medically necessary. The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results, because of the possibly of identifying a finding that was present before the symptoms began and therefore has no temporal association with the symptoms. False positive results have been found in up to 50% of those over age 40. MRIs are recommended for preoperative planning. There was no indication in the submitted documents that this injured worker was a surgical candidate. The need for an MRI was not clearly demonstrated in the submitted documentation. Therefore, this request for MRI of the lumbar spine is not medically necessary.