

Case Number:	CM14-0162321		
Date Assigned:	10/07/2014	Date of Injury:	10/19/2001
Decision Date:	10/31/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/02/2014

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 & Rehabilitation 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 57-year-old male who reported an injury on 10/19/2001 due to an unknown mechanism. Diagnoses were post lumbar laminectomy syndrome, spinal/lumbar degenerative disc disease, chronic back pain, and lumbar disc displacement. The injured worker had a lumbar laminectomy fusion of the L4-S1 in 2004. Physical examination dated 09/03/2014 revealed complaints of back pain that radiated from the low back down both legs. It was reported that the pain level had increased since the last visit. The injured worker rated his pain with medications as an 8 on a scale of 1 to 10. The pain without medication was rated a 10 on a scale of 1 to 10. The injured worker reported quality of sleep was poor and denied any new injuries since the last visit. It was reported that the injured worker was taking his medications as prescribed with no side effects reported. Examination of the lumbar spine revealed range of motion was restricted with flexion, extension, and lateral right and left rotation. On palpation, paravertebral muscles revealed hypertonicity, spasm, tenderness, and tight muscle band on both sides. Straight leg raising test was positive on both sides in the sitting position at 60 degrees. Tenderness was noted over the sacroiliac spine. Urine toxicology testing was available. Medications were Effexor XR, Wellbutrin, Viagra, Rozerem, Gabapentin, Nexium, Celebrex, and oxycodone. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

(30) Softgel capsules of Omega 3 1000mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Omega-3 Fatty Acids

Decision rationale: The Official Disability Guidelines state that omega 3 fatty acids are recommended. The efficacy of cod liver oil for arthritis has been demonstrated in several clinical trials. The biological basis for effectiveness of fish oil in treating arthritis has been well documented, with many positive clinical studies when compared with traditional pharmaceutical anti-inflammatory agents. Strong evidence indicates omega 3 PUFAs is beneficial as a dietary supplement in diseases such as rheumatoid arthritis. It was not reported that the injured worker had rheumatoid arthritis or arthritis. The efficacy of this medication was not reported. This medication was not reported in the medication list. The frequency for this medication was not indicated. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

(120) Tablets of Oxycodone 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The decision for (120) Tablets of Oxycodone 30mg is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. In the absence of documentation regarding the requested oxycodone 30 mg, this request is not medically necessary.