

Case Number:	CM14-0168347		
Date Assigned:	10/16/2014	Date of Injury:	12/02/2009
Decision Date:	11/18/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 33-year-old female was reportedly injured on 12/02/2009. The mechanism of injury is listed as lifting boxes and a sprain to the lumbar region occurred. Diagnoses include status post lumbar fusion L4-S1 from surgery on 10/10/2011. Urine toxicology screen dated 8/1/14 is inconsistent, testing positive for barbiturates, which are not prescribed. Last progress note dated 08/01/2014 noted complaints of lumbar pain rating 6/10, dull and achy in nature radiating down to the left leg with numbness in the thigh and achiness in the toes. There was diffuse lumbar paraspinous muscle tenderness, moderate facet tenderness at the L4-S1 levels. Positive Lasegue's test bilaterally. Sciatic notch tenderness was negative bilaterally. Kemp's test was negative bilaterally. Bowstring sign was negative bilaterally. Seated straight leg raise was negative at 60 degrees. Supine straight leg raise was negative at 50 degrees. Lumbar range of motion on the right-20 degrees and on the left was 15 degrees. Flexion was 60 degrees. Extension was 10 degrees. Decreased sensation along the L5 and S1 dermatomes was noted. Lower extremity reflexes right knee and ankle were 2+, left knee and ankle 1+. Medications include Neurontin, oxycodone and Lidoderm patches. A request was made for Oxycodone 30mg #60 one by mouth twice a day and was not certified on 09/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back and Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78, 93 of 127.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, the patient is in the chronic phase of treatment with a date of injury in 2008. There is no description of pain relief provided, such as VAS (visual analog scale) scores with and without opioid use, and no indication of functional benefit or return to work as a result of opioid use. Documentation does not include a signed narcotic agreement. Urine drug screen performed on 8/1/14 was noted to be inconsistent, testing positive for non-prescribed barbiturates. Subjective and objective benefit is not described in the records provided and there is evidence of aberrant behavior, and thus ongoing use of opioids is not indicated in this case. The request for oxycodone 30mg, #60 is not medically necessary.