

Case Number:	CM15-0102245		
Date Assigned:	06/05/2015	Date of Injury:	04/23/2009
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 patient who sustained an industrial injury on 04/23/2009. The accident was described as while unloading a truck he tripped over a gait lost his balance and landed on his right leg. He had acute onset of right low back pains. The injury was reported he was evaluated treated and given medications, a course of physical therapy, and taken out of work duty. On 11/24/2014, the patient underwent a diagnostic therapeutic sacroiliac joint injection, right under fluoroscopy. The following visit dated 12/23/2014 reported subjective complaint of being in severe pain and the injection offered no relief. He is concerned with taking narcotics and has weaned down from the Norco from 160mg monthly to 110mg. Current medications are: Oxycodone, OxyContin, and Ibuprofen. He does have a past history of chronic pain syndrome. The patient has a surgical history of lumbar fusion 02/2011; 06/2013 and spinal cord stimulator instrumentation and removal 01/06/2012; 01/12/2012. The following diagnoses are applied: post laminectomy syndrome, lumbar region; chronic pain syndrome; lumbosacral spondylosis without myelopathy; disc displacement with radiculitis, lumbar; degeneration of lumbar or lumbosacral intervertebral disc; dietary surveillance and counseling; persistent disorder of initiating or maintaining sleep; adjustment disorder with mixed anxiety and depressed mood; impotence secondary to opiate use; slow transition constipation, and sacroillitis not specified. The plan of care involved: refilling Ibuprofen; discontinuing OxyContin, Oxycodone, OxyContin ER; start OxyContin, Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement. The patient has been prescribed opioids for an extended period of time and continues to report significant pain and receive interventional procedures. The ongoing use of opioids without any demonstrable functional improvement does not adhere to MTUS 2009 and is not medically necessary.

Oxycodone ER 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there is no functional improvement. The patient has been prescribed opioids for an extended period of time and continues to report significant pain and receive interventional procedures. The ongoing use of opioids without any demonstrable functional improvement does not adhere to MTUS 2009 and is not medically necessary.