

Case Number:	CM15-0110924		
Date Assigned:	06/17/2015	Date of Injury:	09/10/2008
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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

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 65 year old male, who sustained an industrial injury on 09/10/2008. He has reported injury to the low back. The diagnoses have included lumbar disc disease; lumbar disc bulges; lumbar spondylosis; right lumbar neuralgia; lumbar facet joint pain and arthropathies; and muscular spasm-myofascial pain. Treatment to date has included medications, diagnostics, lumbar epidural steroid injection; lumbar facet medial branch blocks, radiofrequency neurotomy; lumbar lateral branch blocks, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and home exercise program. Medications have included Norco, Oxycodone, and Robaxin. A progress note from the treating physician, dated 04/19/2015, documented a follow-up visit with the injured worker. It is noted that the injections have been effective for relieving pain; and the physical therapy was not effective at alleviating his symptoms. Currently, the injured worker complains of low back pain rated as 6 on a scale of 0 to 10; moderate lumbar spine pain without current radiation into the right lower extremity; intermittent radiation of pain to the right lower extremity; exacerbation of pain occurs with sitting, standing, bending, running, and lifting; lying supine and on the side are palliative; and he continues working. Objective findings included tenderness of the bilateral L4-5 and L5-S1 facet joints; positive Kemp's test; decreased lumbar ranges of motion; intermittent subjective paresthesias of L4 down the right lower extremities; and deep tendon reflexes are 2/4 at the bilateral patellar and Achilles tendons. The treatment plan has included the request for Oxycodone 15mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92-94, 78-80, 91 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2008 without acute flare, new injury, or progressive deterioration. The Oxycodone 15mg #120 is not medically necessary and appropriate.