

Case Number:	CM15-0114726		
Date Assigned:	06/23/2015	Date of Injury:	03/13/2003
Decision Date:	07/23/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

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

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 sustained an industrial injury on 03/13/03. Initial complaints and diagnoses are not available. Treatments to date include 4 back surgeries, 2 spinal cord stimulator placements, medications, home exercise program, epidural steroid injections, chiropractic care, and lumbar facet injections. Diagnostic studies are not addressed. Current complaints include low back pain radiating to the lower extremities. Current diagnoses include depression and status post lumbar spine surgery. In a progress note dated 04/03/15 the treating provider reports the plan of care as possible removal of spinal cord stimulator, psychological and orthopedic QMEs, and medications including Oxycodone and Soma. The requested treatments include Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in March 2003 and continues to be treated for chronic radiating back pain. He has a diagnosis of failed back surgery syndrome with treatments including a spinal cord stimulator. When seen, he was having constant pain rated at 9/10. There was decreased lumbar spine range of motion with tenderness and negative straight leg raising. There was an antalgic gait using a quad cane. Medications being prescribed included oxycodone had a total MED (morphine equivalent dose) of 120 mg per day. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.