

Case Number:	CM15-0117394		
Date Assigned:	06/25/2015	Date of Injury:	12/07/2005
Decision Date:	07/27/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/17/2015

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

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 46 year old female, who sustained an industrial injury on 12/07/2005. On most recent provider visit dated 03/17/2015 the injured worker has reported low back pain that radiated to legs and right arm pain. On examination of the cervical spine revealed tenderness and tightness over the posterior neck with restricted range of motion and lumbar spine revealed severe tenderness over paraspinal musculature, positive bilateral straight leg raise and restricted range of motion. The diagnoses have included degenerative of lumbar or lumbosacral intervertebral disc, lumbago, lumbar post-laminectomy syndrome, chronic pain syndrome , lumbosacral radiculopathy, lumbar facet joint pain, myalgia and myositis-unspecific and fibro myositis. There was limited documentation submitted for review. Treatment to date has included medication. The provider requested Oxycodone IR and MRI of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR (immediate release) 15 mg Qty 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for oxycodone IR, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no current indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone IR is not medically necessary.

MRI (magnetic resonance imaging) Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, table 12-7. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Indications for MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for lumbar MRI, CA MTUS does not address repeat imaging. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, the patient has a longstanding injury with many prior imaging studies and there is no indication of any red flags, significant new or progressive subjective/objective findings, or another clear rationale for the current MRI request. As such, the currently requested a lumbar MRI is not medically necessary.