

Case Number:	CM15-0117662		
Date Assigned:	06/26/2015	Date of Injury:	03/11/1987
Decision Date:	08/10/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, 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 56 year old male, who sustained an industrial injury on 3/11/1987. The mechanism of injury was injury from slipping off the back of a truck, landing on his back. The current diagnoses are chronic low back pain and bilateral lumbar radiculopathy, left worse than right. According to the progress report dated 5/14/2015, the injured worker complains of lower back pain with radiation into the bilateral lower extremities, left greater than right. He reports numbness, tingling, and paresthesia in the bilateral legs with weakness noted in the left leg. He notes some improvement with his back after oral steroid therapy. However, the pain is still significant, requiring a Toradol intramuscular injection. He notes that he is having a "tough time" controlling his pain with his current medication regimen. The quality of pain is constant, aching, hot-burning, numbing, sharp, shooting, throbbing, and tender. His current pain is rated 7/10 on a subjective pain scale. On average, his pain is 6/10, with worst being 9/10, and at its least 7/10. The physical examination of the lumbar spine reveals pain to palpation over the L3-S1 region bilaterally and intervertebral spaces. Range of motion is restricted and painful. Motor strength is slightly decreased in the bilateral lower extremities. There is diminished sensation in the bilateral ankles. The current medications are Oxycodone and Prilosec. Urine drug screen from 2/26/2015 did not detect Oxycodone. Treatment to date has included medication management, MRI Studies, and pain injection. MRI from 5/7/2015 shows severe degenerative disc disease L2-L3 and disc protrusion at L5. A request for Oxycodone has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 72, 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids: On-going management Page(s): 78, 98.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Oxycodone is a potentially addictive opioid analgesic medication and it is a Schedule II controlled substance. With opioid therapy, the CA MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In this case, the documentation indicated that the injured worker was using Oxycodone; however, his urine drug screen was negative. Additionally, He reported that his current medication regimen was not controlling his pain. Furthermore, there has been no evidence of functional benefit or improvement or increase in activity tolerance noted. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Oxycodone is not medically necessary.