

Case Number:	CM15-0168622		
Date Assigned:	10/01/2015	Date of Injury:	08/02/2007
Decision Date:	11/10/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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: Texas, Illinois

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 52-year-old female, who sustained an industrial injury on 8-2-2007. The medical records indicate that the injured worker is undergoing treatment for post-lumbar laminectomy syndrome, lumbalgia, and lumbar intervertebral disc disease. According to the progress report dated 7-21-2015, the injured worker presented with complaints of chronic low back pain. The level of pain was not rated. The physical examination of the lumbar spine reveals tenderness to palpation, antalgic gait, and decreased range of motion. Previous diagnostic studies include MRI. Treatments to date include medication management, physical therapy, home exercise program, TENS unit, pain injection, epidural steroid injection, and surgical intervention. Work status is described as permanent and stationary. According to the PR-2 on 6-19-2015, Oxycodone was discontinued at that time. The treatment plan (7-21-2015) included discontinuation of Norco. A script for Oxycodone was given. The original utilization review (8-4-2015) partially approved a request for Oxycodone #34 (original request was for #60) to allow for continuation of weaning schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Oxycodone 10mg, #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS recommends reassessing diagnosis, medications, pain and functional improvement; and comparing the pain and functional improvement values using numerical scale with baseline values every six months if opioids are used for longer than six months. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioids at least since 2009 without overall improvement. The medical records indicate the injured worker is not properly monitored. Therefore, the request is not medically necessary.