

Case Number:	CM15-0064872		
Date Assigned:	04/10/2015	Date of Injury:	10/24/2001
Decision Date:	05/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/06/2015

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 63-year-old female, who sustained an industrial injury on 10/24/2001. The current diagnoses are lumbar degenerative disc disease, back pain, lumbar radiculopathy, and status post fusion. According to the progress report dated 3/12/2015, the injured worker complains of constant severe back pain. The pain is described as aching, sharp, and stabbing. At this visit, the pain is rated 10/10 on a subjective pain scale. The average pain is 7/10, at its best 6/10, and at its worst 10/10. The current medications are Oxycodone, Trazadone, Ibuprofen, Neurontin, Cymbalta, Morphine, Percocet, Ambien, and Chlorzoxazone. Treatment to date has included medication management, MRI studies, Toradol injection, acupuncture, epidural steroid injections, and surgical intervention. The plan of care includes prescription refill for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycodone 10mg #150: 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, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in October 2001 and continues to be treated for severe low back pain. Treatments have included a lumbar spine fusion. When seen, she had pain rated at 10/10. She was being seen for acupuncture treatments. Neither acupuncture nor injections had helped. Oxycodone was prescribed at a total MED (morphine equivalent dose) of 75 mg per day. A Toradol injection was administered. Oxycodone is a short acting opioid 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, there is poor pain control and the claimant is not currently working. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of oxycodone was not medically necessary.