

Case Number:	CM15-0068084		
Date Assigned:	05/20/2015	Date of Injury:	03/28/2011
Decision Date:	06/16/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 35 year old male who sustained an industrial injury on March 28, 2011. He has reported a lower backache and has been diagnosed with left hand contusion and lumbar radiculopathy. Treatment has included medications, medical imaging, bracing, physical therapy, and a home exercise program. Examination of the lumbar spine noted range of motion was restricted with limited by pain. On palpation, paravertebral muscles hypertonicity, tenderness and tight muscle band is noted on both the sides. Spinous process tenderness was noted on L5. Straight leg raising was negative. MRI of the lumbar spine dated July 31, 2012 revealed moderate L4-5 and slight to moderate L5-S1 disc space narrowing, both with desiccation and with the L4-5 level, having a high intensity zone/area of annular compromise in the dorsal midline aspect, a slight upper left lumbar scoliosis, and otherwise, negative MRI sac of the lumbar spine. The treatment request included Oxycodone HCL 5 mg, # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of OxyContin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that actions should include, "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. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Oxycodone HCL 5mg #60 is not medically necessary.