

Case Number:	CM15-0076505		
Date Assigned:	04/28/2015	Date of Injury:	02/07/2003
Decision Date:	05/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 57-year-old female, who sustained an industrial injury on February 7, 2003. The injured worker was diagnosed as having post laminectomy syndrome. Treatment and diagnostic studies to date have included medication. A progress note dated February 3, 2015 the injured worker complains of low back pain radiating down left leg with numbness and paresthesia. Physical exam notes decreased lumbar range of motion (ROM) with tenderness of the coccyx area. The plan includes medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tab 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Guidelines note that opiates are indicated for moderate to severe pain short-term treatment. Patients should be monitored for efficacy, side effects, functionality, and signs

of aberrant use while on opiates. In this case, the clinical records do not document analgesia, continued functional benefit or a lack of adverse side effects. Thus, the request for oxycodone 10 mg #60 is not medically appropriate and necessary.