

Case Number:	CM15-0079220		
Date Assigned:	04/30/2015	Date of Injury:	04/13/2000
Decision Date:	05/29/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/24/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 38 year old male, who sustained an industrial injury on 4/13/2000. He reported an injury to his lower back. Diagnoses have included L4-L5 disc bulge with increasing left L5 radicular pain and weakness, lumbar facet syndrome and severe reactive depression. Treatment to date has included acupuncture, physical therapy, chiropractic treatment, lumbar facet injection and medication. According to the progress report dated 3/30/2015, the injured worker complained of lower back pain and leg pain. He reported that his pain had increased since his medications were denied. Physical exam revealed that lumbar range of motion caused lower back pain. The injured worker ambulated with a limp, favoring his left leg. Authorization was requested for Oxycodone and Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg one to two tablets twice daily, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 63, 79-81. Decision based on Non-MTUS Citation http://www.americanpainsociety.org/uploads/pdfs/Opioid_final_evidence_report.pdf.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The patient is a 38 year old male with an injury on 04/13/2000. He has chronic back pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.

Skelaxin 800mg one tablet three times daily, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 38 year old male with an injury on 04/13/2000. He has chronic back pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.