

Case Number:	CM15-0079569		
Date Assigned:	04/30/2015	Date of Injury:	08/05/1999
Decision Date:	05/29/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/25/2015

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: California

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 66 year old female, who sustained an industrial injury on 8/5/99. The injured worker was diagnosed as having lumbar facet joint pain, sacroiliac dysfunction, posterior leg pain and bilateral leg pain. Treatment to date has included oral medications including opioids. Currently, the injured worker complains of lower back, gluteal and posterior upper leg pain while weaning off narcotics. Physical exam noted significant tenderness to direct palpation over the lower lumbar segments and into the upper gluteal region and over the posterior aspect of the bilateral upper legs with limited range of motion. The treatment plan included continuation of weaning of oxycodone and a request for a facet medial nerve branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Oxycodone IR 30mg #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has lower back, gluteal and posterior upper leg pain while weaning off narcotics. Physical exam noted significant tenderness to direct palpation over the lower lumbar segments and into the upper gluteal region and over the posterior aspect of the bilateral upper legs with limited range of motion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone IR 30mg #120 is not medically necessary.