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| Case Number: | CM15-0079703 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 04/23/2012 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 04/07/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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 24 year old male with an industrial injury dated 4/23/2012. The injured worker's diagnoses include displacement of lumbar intervertebral disc without myelopathy, right lumbar sprain/strain and thoracic/lumbar sprain/strain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/01/2015, the injured worker reported right low back pain radiating into the right sciatic disc. The injured worker rated pain a 7-8/10 . Objective findings revealed antalgic gait with the use of a cane. The treating physician reported that the physical examination was deferred at injured worker's request and/or the provider's discretion. The treating physician prescribed Oxycodone 10mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg qty: 54.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 94-95.

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 is more than three years status post work-related injury and continues to be treated for radiating low back pain. Treatments have included lumbar spine surgery. When seen, he had pain rated at 7-8/10. He had recently undergone an epidural injection and had increased pain and had been seen in an emergency room. Medications being prescribed included oxycodone at a total MED (morphine equivalent dose) of less than 30 mg per day. When seen, no physical examination findings were reported. The claimant's response to the medications being prescribed was not documented. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, there is no documentation that supports a satisfactory response to the medications being prescribed. Therefore the request cannot be considered as medically necessary.