

Case Number:	CM15-0096598		
Date Assigned:	05/26/2015	Date of Injury:	08/17/2005
Decision Date:	06/25/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 46-year-old male, who sustained an industrial injury on 08/17/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post multiple lumbar fusion surgery with failed back syndrome, bilateral lumbar radiculopathy, chronic reactive clinical depression secondary to pain, chronic opioid tolerance, and status post spinal cord stimulator trial with failure. Treatment and diagnostic studies to date has included medication regimen and above listed procedures. In a progress note dated 04/01/2015 the treating physician reports diffuse tenderness on palpation of the lumbar four to five and lumbar five to sacral one interspaces, muscular guarding over the bilateral erector spinae muscle and the gluteus maximus region, limited range of motion to the lumbar spine, guarded gait, diminished muscle strength of the bilateral hip, bilateral knee, bilateral ankle, and plantar region. The injured worker also has a positive straight leg raise bilaterally. The injured worker's current medication regimen includes Fentanyl Patch, Roxicodone (Oxycodone), Lyrical, Prozac, Wellbutrin, Seroquel, and Lorazepam. The progress report indicates that his pain medication reduces his pain from 9/10 to 4-5/10 and allows him to get out of bed and perform activities of daily living. He has been unable to further lower his dose of medication. Opioid detoxification programs have been denied, and the patient has been unable to wean his opiate dose. The physician also noted that the injured worker has a chronic opioid tolerance that will cause severe withdrawal symptoms and can lead to endangerment of the injured worker's health if he is withheld from his medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycodone 15mg #120, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears this medicine is improving the patient's pain and function with no intolerable side effects. Additionally, the requesting physician has been unable to wean the patient from the current opiate dose, and detoxification programs have been denied. As such, a one month prescription of this medication is reasonable, to allow the requesting physician time to reevaluate the situation and consider additional consultation if needed. In light of the above, the currently requested Oxycodone 15mg #120 is medically necessary.