

Case Number:	CM15-0098764		
Date Assigned:	06/01/2015	Date of Injury:	03/07/2009
Decision Date:	06/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45-year-old female, who sustained an industrial injury on March 7, 2009. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included chronic low back pain, lumbar degenerative disc disease, right sciatica, lumbar disc protrusion, pain-related insomnia, chronic low back syndrome, chronic radiculopathy and pain-related depression. Relevant history included recent significant weight gain and hypertension. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, cognitive behavior therapy, epidural steroid injections, physical therapy, psychiatric evaluations and lumbar spine surgery. Current documentation dated April 7, 2015 notes that the injured worker reported low back pain with radiation to the right lower extremity and nausea since her lumbar surgery. The injured worker was noted to be taking Phenergan for the nausea. The injured worker reported a fifty percent decrease in pain with the use of the medications Oxycodone and Flector Patches. The pain was rated a four out of ten on the visual analogue scale with the medications. Examination revealed tenderness overlying the lumbar spine. A seated straight leg raise was negative bilaterally. Decreased sensation to light touch in the lumbar three and lumbar four dermatomes of the right lower extremity was noted. The treating physician's plan of care included a request for Oxycodone/Acetaminophen 10/325 mg # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10/325 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of oxycodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Oxycodone/APAP 10/325 MG #180 is not medically necessary.