

Case Number:	CM13-0009584		
Date Assigned:	01/03/2014	Date of Injury:	02/06/2003
Decision Date:	03/19/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of 2/6/03. A utilization review determination dated 7/23/13 recommends non-certification of Oxycodone. A progress report dated 12/10/13 identifies subjective complaints including ongoing pain and frustration at delay in WC authorization process. The patient states that pain is slightly worse, 6/10 last month and 8.5/10 this month. The patient may be more depressed and frustrated. No abnormal objective examination findings are noted. Diagnoses include lumbago; depressive disorder NOS; insomnia, unspecified; neuralgia, neuritis, and radiculitis, unspecified; arthropathy unspecified, involving other unspecified sites; displacement of intervertebral disc, site unspecified, without myelopathy. The treatment plan recommends await authorization for ESI or decompression. The medication for pain is appropriate while awaiting definitive treatment. Patient shows no signs of medication abuse. Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tablets of Oxycodone 30mg 1 tab 4 times a day between 7/22/2013 and 9/5/2013:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 of 127.

Decision rationale: Regarding the request for Oxycodone, California MTUS Pain Medical Treatment Guidelines state that, 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, there is no indication that the Oxycodone is improving the patient's function or pain (in terms of specific functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding appropriate medication use other than a mention that there are no signs of medication abuse. Opioids should not be abruptly discontinued; however, there is, unfortunately, no provision for modification of the current request. In light of the above issues, the currently requested Oxycodone is not medically necessary.