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| Case Number: | CM13-0009785 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/24/2002 |
| Decision Date: | 02/19/2014 | UR Denial Date: | 08/02/2013 |
| Priority: | Standard | Application Received: | 08/12/2013 |

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 Spine Surgery and is licensed to practice in New York. 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:

The patient is a 41-year-old female who has postlaminectomy back pain. The patient reports her pain as a scale of 1-10. The patient has a date of injury October 24, 2000. The patient complains of chronic back pain since her injury. The patient also has a diagnosis of lumbar degenerative disc condition. Examination is unremarkable and does not show any neurologic deficits. The patient has been using Fentanyl and Oxycodone. Interventional pain management and selective nerve root injection have been recommended. At issue is whether Oxycodone is medically necessary. Functional improvement is not clearly documented in the chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #100 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 74-75, 92.

Decision rationale: In this case, there is no documentation of clinical deficits or duration of pain relief with Oxycodone. The California MTUS Guidelines also suggest that a risk assessment profile, an attempt at drug weaning, and updated urine screen, and ongoing reports of opioid

efficacy should be included in the medical records. The medical records do not contain these guideline-requested items. In addition there is non-updated sign pain contract between the provider and the patient. The California MTUS criteria for continued Oxycodone use are not met.