

Case Number:	CM13-0011804		
Date Assigned:	11/06/2013	Date of Injury:	12/17/2003
Decision Date:	04/28/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/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 37-year-old male who reported an injury on 12/17/2003. The patient was seen most recently on 07/22/2013; whereupon, it was stated that the patient had recently fallen off a ladder, fracturing his tibia and fibula. The documentation indicates that the patient had ongoing treatment for his lumbar spine and right knee. The patient has been diagnosed with disc desiccation with a disc protrusion at the L3-4 and L4-5 levels, which had reported flattened the ventral aspect of the thecal sac at those sites with no nerve root compression identified as of 05/2007. The patient's vital signs at that time stated that the patient's weight was 283 pounds with a height of 5 feet 10 inches and a body mass index (BMI) of 40.60, a body surface area (BSA) of 2.52 and blood pressure of 150/100. The patient's medications were listed at that time as Lyrica 50 mg, Lidoderm 5%, Celebrex 100 mg, Cymbalta 30 mg and oxycodone HCL 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 10MG #150, WITH TWO (2) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: The Chronic Pain Guidelines indicate that oxycodone is listed as a short-acting opioid, which is also known as normal-release or immediate-release opioid, and is seen as an effective method in controlling chronic pain. Opioids are often used for intermittent or breakthrough pain. The documentation indicates that the patient has been utilizing oxycodone since at least 09/2012. However, there was no current clinical documentation indicating that the patient has ongoing chronic pain, to include objective findings of a visual analog scale (VAS) score, with the patient's pain level listed, any functional deficits and an overview of the patient's current pathology at this time. Therefore, the medical necessity cannot be determined for the use of this medication. As such, the requested service is non-certified.

ONE (1) EVALUATION REGARDING BARIATRIC SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic and surgical management of obesity in primary care; a clinical practice guideline from the American College of Physicians, Ann Intern Med 2005 April 5; 142 (7):525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery for Obesity and Related Diseases 4, American Association of Clinical Endocrinologists, the Obesity Society, and American Society for Metabolic & Bariatric Surgery Medical Guidelines for Clinical Practice for the Perioperative Nutritional, Metabolic, and No

Decision rationale: The American Association of Clinical Endocrinologists, the Obesity Society, and the American Society for Metabolic and Bariatric Surgery Medical Guidelines for Clinical Practice for the Perioperative Nutritional, Metabolic and Non-surgical Support of the Bariatric Patient, indicates that that patients who do not achieve a significant weight reduction with therapeutic lifestyle changes or pharmacotherapy (or both) would benefit from surgical treatment. In the case of this patient, the documentation does not specify any previous attempts of weight loss having been tried and failed, to include diet and exercise. Without a history of previous modalities having been tried and failed to reduce his weight, the patient does not meet the criteria for undergoing a bariatric surgery, which also indicates that the patient does not meet the guidelines for an evaluation at this time. As such, the requested service is non-certified.