

Case Number:	CM13-0016528		
Date Assigned:	11/06/2013	Date of Injury:	11/20/2003
Decision Date:	01/24/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/26/2013

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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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.

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 53-year-old female who reported an injury on 11/20/2003 with the mechanism of injury not provided. The patient was noted to have positive tenderness paraspinally. The patient's diagnoses were noted to include post-laminectomy syndrome lumbar region, lumbar spondylosis without myelopathy, and lumbago. Request was made for Outpatient pharmacy purchase of oxycodone-acetaminophen 10/325mg #180, Oxymorphone 10mg #30, and a Routine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient pharmacy purchase of Oxycodone-Acetaminophen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 75, 78.

Decision rationale: California MTUS guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's as per California MTUS Guideline recommendations. Additionally, it failed to provide the necessity for 180 tablets. It was noted that the patient's pain

was not well addressed with the present pain medication dosing. Given the above, and the indication that the patient's analgesia is not sufficient, the request for outpatient pharmacy purchase of oxycodone-acetaminophen 10-325mg #180 is not medically necessary.

Oxymorphone 10mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 78, 93.

Decision rationale: California MTUS guidelines indicate that oxymorphone is treatment for severe pain and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. It was noted that the patient's pain was not well addressed by the present pain med dosing. Clinical documentation failed to provide documentation of the 4 A's. Given the above, the request for Oxymorphone 10mg #30 is not medically necessary.

Routine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: California MTUS Guidelines recommend the use of drug screening for patients with issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the patient had multiple drugs screens that were appropriate. Additionally, it failed to provide the patient had issues of abuse to warrant a repeat drug screen. Additionally, on 08/08/2013, the patient was performed with a primary urine drug screen as the patient was referred to a pain specialist. Given the above, and the lack of exceptional factors, the request for a Routine drug screen is not medically necessary.