

Case Number:	CM13-0023540		
Date Assigned:	11/15/2013	Date of Injury:	12/15/2008
Decision Date:	01/30/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/12/2013

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 Family Medicine 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.

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 injured worker's date of injury was 12/15/08. He has chronic pain in his lumbar region, bilateral shoulders, and elbows. His low back is tender on palpation. He has not returned to work. He has required opioid medication on a chronic basis. The patient reported impaired recall while taking opioids for his low back pain in the past. He has had a lumbar discectomy, a right shoulder rotator cuff repair and a Mumford procedure, a left shoulder acromioplasty and Mumford procedure, and bilateral carpal tunnel releases.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Oxycodone, immediate release, 15mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 79-80.

Decision rationale: Oxycodone is an opioid that may be used as part of an ongoing and monitored medical treatment program for chronic non-malignant pain. In this case, the patient was approved for and referred to a pain management specialist on a recent UR review dated 8/14/13. Any abrupt cessation of oxycodone must be avoided, lest it trigger an opioid withdrawal syndrome with this patient. This would make the second approval for the oxycodone for the same rationale; i.e.. "extenuating circumstances" (part 6, a), which states; "If there is no overall

improvement in function, unless there are extenuating circumstances", the extenuating circumstances are waiting for the pain management specialist consultation. Oxycodone, 1 refill, is certified for this patient.