

Case Number:	CM13-0035013		
Date Assigned:	12/11/2013	Date of Injury:	08/19/2004
Decision Date:	02/04/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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 Occupational 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. 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 claimant is a 53 year old male with date of injury 08/19/2004, with injury to his low back while lifting. Documents available for review include AME dated 9/14/2010 and Utilization Review clinical summary dated 10/24/2013. These reports show that the claimant has been on chronic opioid pain medications with the use of Oxycodone 30 mg one tablet three times per day, and Norco one tablet four times per day, since at least September 2012. He has also been undergoing trigger point injections. In addition to Oxycodone 30 mg one tablet three times per day, and Norco one tablet four times per day, the claimant was prescribed Replax 40 mg, Soma 350 mg one tablet four times per day, and Valium one tablet three times per day. On 08/22/2013 the claimant reported he has 8/10 low back pain and that trigger point injections are helpful. Medications prescribed at this time were Oxycodone 30 mg one tablet three times per day, and Norco one tablet four times per day, Soma 350 mg one tablet four times per day, and Valium one tablet three times per day. Diagnosis is lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg two tabs three times per day: Upheld

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

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

Decision rationale: Following review of the documents provided, there is no indication for why the increase in Oxycodone from one tablet three times a day to two tablets three times per day. The claimant is already on two opioid medications, and other medications which are of risk for dependency and abuse. There is no indication that the guidelines quoted above are being followed, in particular in keeping with using the lowest dose possible. The request for Oxycodone 30 mg two tablets three times daily is considered to not be medically necessary.