

Case Number:	CM13-0045058		
Date Assigned:	12/27/2013	Date of Injury:	07/20/1998
Decision Date:	02/27/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, 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. 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 60-year-old male who reported an injury on 7/20/98. The patient is diagnosed with chronic pain syndrome and opioid dependence. The patient was seen by [REDACTED] on 12/16/13; he reported an increase in pain symptoms. Physical examination revealed normal findings. Treatment recommendations included an increase in Oxycodone, continuation of Oxycontin, Topamax, and Rizatriptan, and a request for a comprehensive interdisciplinary pain program.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 180 Oxymorphone 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the

documentation submitted, the patient has continuously utilized high doses of opioid medication. Despite the ongoing use, the patient continues to report persistent pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Additionally, California MTUS Guidelines recommend the dosing not exceed 120mg of oral morphine equivalents per day. Based on the clinical information received, the request is non-certified.