

Case Number:	CM13-0050013		
Date Assigned:	12/27/2013	Date of Injury:	05/10/2000
Decision Date:	05/08/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/08/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 64-year-old female who reported an injury on 05/10/2000. The mechanism of injury was not provided for review. The injured worker was evaluated on 08/01/2013. It was documented that the injured worker had an 8/10 pain level that was reduced to a 3/10 with medications. Physical findings included tenderness to palpation over the lumbosacral joint with decreased range of motion of the lumbar spine at 30 degrees in flexion, 90 degrees in extension, and 30 degrees in bilateral rotation with decreased sensation to light touch over the right lateral thigh and left calf region with a positive straight leg raising test to the right. The injured worker's medications included oxycodone 5 mg, oxycodone 80 mg, Compazine 10 mg, Skelaxin 800 mg, and diazepam 5 mg. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's diagnoses included lumbar disc displacement without myelopathy and spinal lumbar stenosis. The injured worker's treatment plan included continuation of medications, an epidural steroid injection, and weaning down in the use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 80MG #180, DATE OF SERVICE 8/1/2013: 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 Opioids, On-Going Management Page(s): 78.

Decision rationale: California Medical Treatment Utilization Schedule recommends the continued use of opioids be supported by documentation of functional benefit, quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker has a reduction in pain from an 8/10 to a 3/10 with medication usage. Additionally, it is noted within the documentation that the injured worker is monitored with urine drug screens that are consistent. The clinical documentation fails to provide any evidence of functional benefit. Therefore, continued use of this medication would not be supported. Therefore, the appropriateness of the request itself cannot be determined. As such, the retrospective request for OxyContin 80 mg #180 for date of service 08/01/2013 is not medically necessary or appropriate.