

Case Number:	CM13-0050613		
Date Assigned:	12/27/2013	Date of Injury:	07/05/2009
Decision Date:	03/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine & 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 58-year-old female who reported an injury on 07/05/2009. The mechanism of injury was not provided. The patient was noted to undergo a urine drug screen that was consistent with the medications being prescribed which included oxycodone. The patient's diagnoses were noted to include lumbar degenerative disc disease, lumbosacral strain, sacroiliac joint dysfunction, lumbar discogenic spine pain, and lumbar facet arthropathy. The request was made for a medication refill of OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg #90: 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 section on medications for chronic pain, section on opioids Page(s): 60, 78.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that opioids are appropriate for chronic pain. There should be documentation of an objective decrease in the visual analog scale (VAS) score, objective functional improvement, adverse side effects, and aberrant drug-taking behavior. The clinical documentation submitted for review indicates that the patient had

objective functional improvement. The patient indicated she obtained 80% relief with the medication and was able to walk her dog, go to school, drive, shop, do office work, perform prolonged sitting and standing, and do house work. However, there was lack of documentation indicating the patient had an objective decrease in VAS score. Additionally, there was lack of documentation indicating if the patient reported adverse side effects or not and whether the patient had aberrant drug behavior. Given the above, the request for oxycodone HCL 15 mg #90 is not medically necessary and appropriate.