

Case Number:	CM13-0052105		
Date Assigned:	12/27/2013	Date of Injury:	03/20/1998
Decision Date:	07/21/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/15/2013

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 and Rehabilitation 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 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 patient is a 58 year old male who was injured on 03/20/1998. The mechanism of injury is unknown. Clinic note dated 10/06/2013 states the patient presents for follow up and has continued pain in his low back radiating down to his legs with radiculopathy. There are no urine toxicology screens or any objective findings regarding functional improvement with this medication for review. Prior utilization review dated 10/31/2013 states the request for oxycodone 10/325 mg #120 is denied as there is a lack of documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 10-325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: According to California MTUS guidelines, Percocet (Oxycodone & Acetaminophen) as a short- acting Opioid is recommended for pain management under certain criteria. The guidelines state the following for continuation of management with Opioids, Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use,

and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not address any pain and/or functional assessment related the medication, in order to consider the continuation of Percocet administration. Therefore, the medical necessity of Oxycodone 10-325mg #120 has not been established according to guidelines.