

Case Number:	CM13-0057802		
Date Assigned:	12/30/2013	Date of Injury:	11/15/2002
Decision Date:	03/19/2014	UR Denial Date:	10/27/2013
Priority:	Standard	Application Received:	11/26/2013

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, has a subspecialty in Interventional Spine 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 patient is a 51 year old male with date of injury 11/15/02. The treating physician report dated 10/7/13 lists the patient's diagnoses as Headache; Fusion, Cervical / Back Disorder; Cervicalgia; Facet Arthropathy, cervical, thoracic or lumbar; Myofascial Pain Syndrome; Nausea; and Anxiety. The utilization review report dated 10/27/13 denied the request for Oxycodone 30mg #180 based on documentation that the patient was on 3 opioids exceeding the guideline recommendation of 120 morphine equivalent dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids for musculoskeletal pain; Opioids, Criteria for Use Page(s): 60-61; 88-89.

Decision rationale: The patient is a 47-year-old female who reported an injury on 05/04/2001; the mechanism of injury was not submitted. The patient was diagnosed with status post anterior/posterior decompression and fusion of the lumbosacral spine; bilateral sacroiliitis with

residuals, probably secondary to the lumbar fusion; status post right hip replacement; status post infection and renal failure with residual; patellofemoral syndrome status post knee arthroscopy, in need of revision; Achilles tendinosis and plantar fasciitis, bilateral feet and ankles; left Achilles musculoligamentous sprain/strain, rule out tear; and lumbosacral spine, rule out claudication and rule out stenosis. The patient complained of constant midback pain rated at an 8/10, constant low back pain rated at a 10/10, and radiation to the superior aspect of the right knee with associated tenderness. The patient also complained of constant and severe bilateral sacroiliac joint pain rated at a 10/10.