

Case Number:	CM13-0059295		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2005
Decision Date:	05/08/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 37 year old male who was injured on 08/25/2005. The mechanism of injury is unknown. Prior treatment history has included lumbar vertebral fusion. As of 3/29/13, the patient rates pain to be a 6-7/10, and medications include, Oxycodone 5 mg, Flexeril, and medical marijuana. As of 8/12/13, the patient rates to be a 6-9/10 and activity level has been reasonable. Medications consist of Oxycodone 5 mg, Flexeril, Hydrocodone 5 mg, and medical marijuana. Medications as of 12/29/2013 include Oxycodone 5 mg, Flexeril, medical marijuana, Nucynta, Topical analgesic, and Cyclobenzaprine. Pain levels were not documented. Medications as of 11/13/2013 include Flexeril, Oxycodone 5 mg, and medical marijuana. The patient rated pain to be a 7/10. Follow-up visit dated 11/13/2013 revealed his radicular pain within the right leg which remains problematic and it affects him in standing and sitting tolerances. There was no physical examination documented. It was noted a random urine drug screen was performed in August 2013 which was consistent with Oxycodone use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OXYCODONE HCL 5 MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (Oxycodone)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, efficacy of long-term opioid use for chronic non-malignant pain has not been established. Functional benefit from chronic opioid use has not been documented in the available records. The request for 1 prescription of Oxycodone HCL 5 mg # 90 is not medically necessary and appropriate.