

Case Number:	CM13-0060297		
Date Assigned:	12/30/2013	Date of Injury:	07/18/2001
Decision Date:	03/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family 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 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:

This injured worker's date of injury was 07/18/2001. Her treating physician diagnosed her with "degenerative intervertebral disc" disorder, site unspecified. The request is for two medications: oxycodone IR and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 50mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82.

Decision rationale: Oxycodone IR is a short acting opioid medication. Short acting opioids are indicated for neuropathic pain. They are not medically indicated to treat chronic back pain. The patient's physician, in his note dated 10/30/13, describes bilateral knee and hip pain. There is no description of any findings from physical exam referable to her spine. There are no comments about activities of daily living, adverse side effects, any aberrant drug-seeking behavior, or benefits achieved with this medication for chronic spinal pain. Based on the documentation, the request for Oxycodone IR is non-certified.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

Decision rationale: Soma is an antispasmodic indicated for the short term management of muscle spasms. Soma is not indicated in the longterm management of chronic back pain. Based on the documentation in this case, Soma is non-certified..