

Case Number:	CM13-0072673		
Date Assigned:	01/10/2014	Date of Injury:	02/02/2009
Decision Date:	04/07/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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 Internal Medicine, and is licensed to practice in New York. 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 28 year old male with a date of injury on 02/02/2009. He was treated with hydrocodone acetaminophen from 2009 to 08/06/2013. On 09/06/2013 oxycodone was dispensed. On 10/07/2013 hydromorphone was dispensed. On 11/05/2013 he had back, neck and right shoulder pain. The pain radiated to right knee and left ankle and left foot. His medications included Xanax, Zoloft, Carbamazepine, Baclofen and Percocet. He had an antalgic gait with use of a cane. Strength to this right ankle and right knee was reduced. Pain was 7/10 with medications and 10/10 without medication. He has reflex sympathetic dystrophy. A spinal cord stimulator was recently placed and according to the provider opiates were to be tapered. He had also been taking Dilaudid. The plan included Dilaudid being tapered to Percocet and then Percocet to Norco. This review was for the prescription of Oxycodone acetaminophen 10/325 #180 for 11/15/2013 and then again for 12/05/2013. Oxycodone acetaminophen 10/325 #180 was approved for 11/15/2013 but denied for another prescription of #180 for 12/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Acetaminophen 10-325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines note that the lowest dose of this type of medication should be used. With the implant of the spinal cord stimulator for pain control, opiate doses were to be tapered. Under the opioid ongoing management section MTUS Chronic Pain Guidelines require, "ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects." Side effects, psychological functioning and physical functioning must be documented. By approving both the 11/15/2013 oxycodone for 180 tablets and the 12/05/2013 for 180 tablets there would be no documentation and functional status review prior to the 12/05/2013 refill. This is not consistent with ongoing opioid treatment as noted above. The request is therefore not medically necessary and appropriate.