

Case Number:	CM14-0002566		
Date Assigned:	01/24/2014	Date of Injury:	08/04/2004
Decision Date:	06/19/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 42-year-old female with a 8/4/04 date of injury. She was seen on 1/17/14 with complaints of ongoing low back, right hip and buttock, and left knee pain, ranging from 2/10-6/10, 2/10 with her medications, and is noted to have been on Oxycodone 30 mg 2 tablets 4 times daily, as well as Fentanyl 50 mcg/hr at least since September 2013. Her total MED is 480. There has been no discussion of a taper. Exam findings reveal tenderness over the left knee lateral, medial joint lines and patella with slightly restricted flexion to 130 degrees and moderate effusion. There is diminished sensation noted along L5 and S1 on the right, mild weakness with ankle plantar flexion bilaterally, and a 1/4 Achilles reflex on the right. It was noted the patient received #48 of oxycodone on this visit as she had already received 192 tablets given the pharmacy could only fill her prescription partially. Her diagnosis is post laminectomy syndrome, lumbar stenosis with radiculopathy, knee bursitis, and mild adhesive capsulitis of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF OXYCODONE HCL 30MG #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has a total MED of 480. She has been on this medication chronically and there has been no mention of a long term pain management plan or taper. Given her MED she is at high risk for adverse drug reaction and a taper is appropriate to bring her MED to a safe level. In addition, there is no documentation of monitoring in terms of CURES reports of urine drug screens. While partial certification may be appropriate, the request as submitted was not medically necessary.