

Case Number:	CM14-0004120		
Date Assigned:	04/25/2014	Date of Injury:	08/08/2012
Decision Date:	05/29/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and 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 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 patient is a 41 year old male with an injury date of 08/08/12. Based on the 09/26/13 progress report, the patient is diagnosed with chronic low back pain with spasm and lumbago. This 11/21/13 progress report states that examination showed back pain with spasm and decreased range of motion. The physician is requesting for Oxycodone 30 mg QTY: 240. The utilization review determination being challenged is dated 12/02/13 and recommends denial of the Oxycodone. The physician is the requesting provider, and he provided treatment reports from 06/20/13- 03/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30MG - QUANTITY: 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain, Page(s): 60 61.

Decision rationale: According to the 11/21/13 progress report by [REDACTED], the patient presents with chronic pain with a level of 6/10 and is temporarily totally disabled. The request is

for Oxycodone 30 mg QTY: 240. The patient began taking Oxycodone on 09/26/13. There is no indication if the medication improved the patient's daily function. There were no ADL's or pain scales provided. According to MTUS, pg. 8-9, when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. For chronic opiate use, MTUS guidelines pages 88 and 89 states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, documentations with numeric scales, functional measures and outcome measures have not been provided. Recommendation is for denial.