

Case Number:	CM14-0100402		
Date Assigned:	07/30/2014	Date of Injury:	03/13/2012
Decision Date:	10/03/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 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 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 injured worker is a 59-year old female who reported an injury to her right hip and low back. Date of injury is listed as 03/13/2012. Electrodiagnostic studies completed on 07/29/14 revealed findings consistent with mild to moderate right-sided lumbosacral radiculopathy at the L5 and S1 levels with acute and chronic changes. The MRI of the right hip dated 07/25/14 revealed atrophy at the right gluteus medius and the gluteus minimums muscles compatible with chronic high grade tearing. The clinical note dated 07/02/14 indicates the injured worker complaining of ongoing low back pain with radiating pain into the buttocks and down into the posterior lateral thigh. The note indicates the injured worker having undergone 4 physical therapy sessions to date. The injured worker rated the pain as severe in nature. The utilization review dated 06/03/14 resulted in a denial for the continued use of Oxycodone as insufficient information had been submitted supporting the ongoing need of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 97.

Decision rationale: Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the Oxycodone HCL 20mg #120 is not medically necessary.