

Case Number:	CM14-0103994		
Date Assigned:	07/30/2014	Date of Injury:	12/29/2008
Decision Date:	09/26/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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 Medicine and is licensed to practice in Florida. 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 51-year-old female with a reported date of injury on 12/29/2008. The mechanism of injury was noted to be due to a slip and fall. Her diagnoses were noted to include pain disorder related to psychological factors and knee/lower leg degenerative joint disease with arthritis. Her previous treatments were noted to include surgery, physical therapy, and medication. The progress note dated 07/14/2014 revealed complaints of hand and leg pain. The injured worker reported the medication had helped her with activities of daily living as well as pain with a significant pain relief of greater than 40%. The physical examination revealed no trigger points and no tenderness to the cervical spine. The motor strength was noted to grossly normal except at the knees and distal upper extremities. The injured worker indicated she needed the medication to allow her to get up in the morning, groom herself, as well as take care of her child, and it gives her 50% to 60% pain relief. The provider indicated the injured worker had signed a pain agreement and that she was being monitored by means of CURES reports and urine drug screening. The Request for Authorization form dated 07/14/2014 was for Oxycodone 15 mg #90 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for Oxycodone 15MG #90 is not medically necessary. The injured worker has been utilizing this medication since at least 01/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medication may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the four A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated with utilization of medication she received 50% to 60% pain relief. The injured worker indicated with medication she was able to perform activities of daily living and care for her child. There is a lack of documentation regarding side effects and the provider indicated the injured worker was completing urine drugs screenings; however, there is a lack of documentation regarding when the last test was performed and whether the urine drug screens were consistent. Therefore, due to lack of documentation regarding side effects, and without details regarding the urine drug screening, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.