

Case Number:	CM14-0104154		
Date Assigned:	07/30/2014	Date of Injury:	02/24/2011
Decision Date:	09/24/2014	UR Denial Date:	06/09/2014
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 Occupational 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 female with a date of injury of 2/24/2011. Per a pain management follow up visit dated 7/10/2014, the injured worker complains of low back pain radiating into the right hip. She had physical therapy and pain medications. She has had no epidural steroid injections and no back surgery. She wants to continue present course. She has had no changes. She is working more hours and pain increased so Percocet is better. On examination there are no changes. Good dorsalis pedis pulse, SLR 90 degrees sitting. Diagnoses include 1) lumbar disc syndrome 2) lumbar radiculopathy 3) lumbar stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should

remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management. The injured worker is reported as unchanged and wanting to continue with the present course, but then the documentation reports that she is working more and has increased pain, so Percocet is better. The injured worker has been taking Norco 10/325 and is now prescribed Percocet 10/325. There is no pain assessment and no response to medications reported, such as amount pain is reduced and functional improvement. The injured worker appears to be working presently, but without more information the medical necessity of continued opioid therapy has not been established. This is a 50% increase in opioid dosing, as Oxycodone has a morphine equivalent dose (MED) factor of 1.5, whereas hydrocodone has a MED factor of 1. As such, the request is not medically necessary and appropriate.