

Case Number:	CM14-0014453		
Date Assigned:	02/21/2014	Date of Injury:	04/03/2003
Decision Date:	07/24/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/05/2014

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:

This is a 60-year-old female with a 4/3/03 date of injury. The mechanism of injury was not noted. In a 2/21/14 progress note, the patient complained of severe pain across her lower back, which greatly interferes with function. She also reported that after her hip surgery she feels one leg is longer than the other end and she has difficulty walking. Physical exam findings were severe tenderness on her cervical facet joint, bilateral paracervical spasm, loss of cervical lordosis, and limited ROM due to pain. Diagnostic impression was chronic pain syndrome, low back pain, lumbar radiculopathy, and occipital neuralgia. Treatment to date included medication management, activity modification, home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL 10MG - TAB EVERY 4-6 HOURS PRN MAX 5/DAY #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

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. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In a progress report dated 2/21/14 the patient states that oxycodone does not help control her pain. It is also noted that the physician is discontinuing oxycodone and starting the patient on morphine. It is unclear from the reports reviewed why oxycodone is being requested, provided that there is minimal pain control according to the patient. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request was not medically necessary.