

Case Number:	CM14-0018999		
Date Assigned:	04/23/2014	Date of Injury:	06/12/2000
Decision Date:	07/03/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/14/2014

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, 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 48 year old female who reported an injury on 06/12/2000 due to an unknown mechanism. The clinical note dated 03/19/2014 indicated a history of depression, opiate dependence, encounter for long-term opiate analgesic use, degenerative disc disease-cervical, left foot numbness, failed back syndrome of the lumbar spine, degenerative disc disease-lumbar and post menopause. The injured worker reported chronic pain to her neck, back; upper and lower extremities accompanied by stiffness and decreased range of motion. The injured worker reported her symptoms were unchanged. On physical exam, the injured worker had decreased range of motion, headaches and numbness left more than right. The injured worker reported anxiety, depression and mood changes. The injured worker had tenderness upon palpation that was moderate localized and to her medial low back and her right side was worse on extension and lateral flexion. The injured worker's shoulder exam revealed internal impingement bilaterally. The injured worker's medication regimen included Ambien, Lidoderm, Percocet, Oxybutynin Chloride ER, Estradiol, Dyazide and Cymbalta. The clinical note indicated her Cures report was ok and there was no aberrant activity. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 10/325MG QTY: 180, DAYS SUPPLY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines, Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-95.

Decision rationale: The request for Oxycodone 10/325mg QYT 180days supply 30 is non-certified. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of the injured worker's pain relief, an objective assessment of the injured workers pain level, improved functional status, and evaluation of side effects. Therefore, based on the documentation provided, the request for Oxycodone 10/325mg #180, day supply: 30 are not medically necessary and appropriate.