

Case Number:	CM14-0019383		
Date Assigned:	04/21/2014	Date of Injury:	02/20/2007
Decision Date:	07/02/2014	UR Denial Date:	01/27/2014
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 Physical Medicine & Rehabilitation 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 62 year old male with a reported date of injury on 02/20/2007. The mechanism of injury was not provided in the documentation available for review. The injured worker complained of low back, hip and knee pain. The injured worker's diagnoses included osteoarthritis s/p total knee replacement, left knee and left hip severe osteoarthritis, low back pain with radiculopathy and a history of GI Bleeding. The urine drug screen dated 01/06/2014 revealed inconsistencies with the prescribed medication for the injured worker. The drug screen revealed positive alcohol, hydrocodone, hydromorphone, methadone and EDDP. The injured worker's medication regimen included Roxicodone, protonix, Ultram, Ambien and Sentra PM. The request for authorization of oxycodone tablets 30mg, QTY: 120 was submitted but not signed or dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE TABLETS 30MG, QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

Decision rationale: The CA MTUS guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines recommend documentation of misuse of medication and consider an addiction medicine consult if there is evidence of substance misuse. The urine drug screen dated 01/06/2014 revealed inconsistencies with prescribed medication for the injured worker. The drug screen revealed positive alcohol, hydrocodone, hydromorphone, methadone and EDDP (suggestive of regular methadone use). According to the urine drug screen the injured worker was not utilizing medication as it was prescribed. There is a lack of documentation provided addressing the urine drug screen. There was a lack of documentation of significant functional improvement with the medication and there was not an adequate and complete pain assessment included within the documentation. The request did not meet the recommended guidelines. Therefore, the request for oxycodone tablets is not medically necessary.