

Case Number:	CM14-0118766		
Date Assigned:	08/06/2014	Date of Injury:	11/27/2012
Decision Date:	09/17/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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 and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 31-year-old male who reported an injury on 11/27/2012 due to a slip and fall down the stairs. On 04/24/2014, the injured worker presented with neck pain and upper extremity radiating pain. He also described weakness in his left knee and popping to his left knee. Current medications included hydrocodone, Omeprazole, Senna, and Naproxen. Upon examination of the cervical spine, there was a negative bilateral Spurling's, 5/5 strength bilaterally in the deltoid, biceps, triceps, and supraspinatus. There was a 1+ bilateral biceps, triceps, and brachioradialis deep tendon reflex. Examination of the lumbar spine noted tenderness to light touch throughout the lower lumbar spine with 5/5 strength bilaterally in the iliopsoas, quadriceps, tibialis anterior, and toe flexors with normal sensation in the lower extremities. There was 2+ bilateral patellar and Achilles deep tendon reflexes. There was severe low back pain with a positive straight leg raise. The provider recommended Oxycodone 10 mg; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg every 6 hrs as needed #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, Criteria for use Page(s): 78.

Decision rationale: The request for Oxycodone 10 mg every 6 hrs as needed #120 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the efficacy of the prior use of the medication has not been provided. As such, the request for Oxycodone 10 mg every 6 hrs as needed #120 is not medically necessary.