

Case Number:	CM14-0154181		
Date Assigned:	09/23/2014	Date of Injury:	04/11/2010
Decision Date:	11/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 44 year old female. Her date of injury was 04/11/2010 and mechanism of injury was a fall. Her relevant diagnoses were chronic mid thoracic pain, depression, and herniated nucleus pulposus. Her past treatments included physical therapy and medications for pain. Her diagnostic studies included a urine drug screen on 5/02/2014 which was noted to be positive for hydrocodone and venlafaxine, which could not be matched to her reported medications as her prescribed medications were not listed. A 06/05/2014 clinical note indicated that use of Norco had causes stomach upset and she would try oxycodone 30mg three times per day. At a follow-up visit on 07/03/2014, it was noted that the injured worker reported 75% pain relief with use of oxycodone. On 09/02/2014, it was noted that she was "in a lot of pain" and was "having some bad days." It was noted that Ambien helped her sleep. No physical examination findings were included. Her medications included oxycodone, venlafaxine, and Ambien. Her treatment plan was to continue pain medications. The specific rationale and the Request for Authorization form for oxycodone 30mg #75 were not provided in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30MG #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): 78.

Decision rationale: The request for OXYCODONE 30MG #75 is not medically necessary. The injured worker has a herniated nucleus pulposus at T7-8 and complaints of mid thoracic pain and depression. The injured worker has been taking oxycodone since 06/05/2014. The California MTUS Guidelines state that the ongoing management of opioid medications should include detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. The injured worker was noted to describe 75% pain relief with use of oxycodone at her 07/03/2014 follow-up visit. However, a detailed pain assessment was not included with her 09/02/2014 clinical note to establish that she had adequate pain relief and improved function with use. There is no documentation addressing adverse side effects and aberrant drug taking behaviors, nor evidence of a urine drug screen performed since the initiation of oxycodone to verify medication compliance. As such, the documentation does not support the guidelines. Additionally, the request, as submitted, failed to indicate a frequency of use. Therefore, the request is not medically necessary.