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| Case Number: | CM14-0155518 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 04/28/2003 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 Orthopedic Spine Surgery, and is licensed to practice in Texas. 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 61-year-old male who reported a cumulative trauma injury on 04/28/2003. The current diagnoses include cervical sprain, chronic lumbar sprain, left shoulder impingement, status post right total knee replacement, status post left total knee replacement, and status post lumbar laminectomy on 07/16/2013. The latest physician progress report submitted for this review is documented on 07/14/2014. The current medication regimen includes OxyContin, Oxymorphone, Baclofen, and Ambien. The physical examination was not provided on that date. Treatment recommendations included repeat electrodiagnostic studies of the bilateral upper extremities. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone tab 5 mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 2012. There is no documentation of objective functional improvement. As such, the current request cannot be determined as medically appropriate.