

Case Number:	CM14-0177188		
Date Assigned:	10/30/2014	Date of Injury:	07/22/1996
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational Medicine 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 63 year old male who was injured at work on 07/22/1996. The injured worker is reported to be complaining of worsening low back pain for which the injured worker was upset and depressed. The physical examination the revealed moderate low back pain associated with spasms. The worker has been diagnosed of lumbosacral intervertebral disc degeneration, left knee degenerative joint disease, status post left knee arthroplasty 10/23/2013. Treatments have included Topamax, Wellbutrin, Oxycodone, Mobic, Miralex, and Reglan. At dispute is the request for Oxycodone 20mg # 210.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycodone 20mg # 210: 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): 87.

Decision rationale: The injured worker sustained a work related injury on 07/22/1996. The medical records provided indicate the diagnosis lumbosacral intervertebral disc degeneration, left knee degenerative joint disease, status post left knee arthroplasty 10/23/2013. Treatments have

included Topamax, Wellbutrin, Oxycodone, Mobic, Miralex, and Reglan. The medical records provided for review do not indicate a medical necessity for one prescription of Oxycodone 20mg # 210: The records indicate the request is for oxycodone 20mg 1-2 Q6 hours #210. Since 1mg of oxycodone is equivalent to 1.5mg of morphine, the requested daily dose is 120-240mg per day exceeds the maximum daily dose 120morphine equivalents recommended by the MTUS. Therefore, the requested treatment is not medically necessary and appropriate.