

<b>Case Number:</b>	CM14-0181272		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	05/05/2011
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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, has a subspecialty in Pain Management 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 46-year-old male who reported an injury on 05/05/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included hypertension, adjustment disorder, mixed anxiety, and depression. Previous treatment included medication and aquatic therapy. Within the clinical note dated 10/17/2014, it was reported the injured worker returned for tests to qualify for a disc replacement. On the physical examination, the provider noted the injured worker to be depressed, had poor sleep, and a trigger finger. The provider indicated the injured worker was depressed. The request was submitted for MSIR and oxycodone IR. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for MS IR 30 mg #90 with a dos of 10/22/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document adequate and complete pain assessment within the documentation. Additionally, the use of the urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. Additionally, the date of service for the request was not submitted for clinical review. Therefore, the request is not medically necessary.

**Retrospective request for Oxycodone IR 15 mg #90 with a dos of 10/22/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document adequate and complete pain assessment within the documentation. Additionally, the use of the urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. Additionally, the date of service for the request was not submitted for clinical review. Therefore, the request is not medically necessary.