

Case Number:	CM14-0020383		
Date Assigned:	05/02/2014	Date of Injury:	02/02/2009
Decision Date:	08/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 29-year-old patient with a 2/2/09 date of injury. The mechanism of injury was not noted. In a 4/2/14 progress note, the patient complained of moderate-severe back pain. The location of pain was the lower back, gluteal area, and right knee. The pain has radiated to the left ankle and left foot. The symptoms were aggravated by ascending and descending stairs, bending, jumping, changing positions, and daily activities. The symptoms were relieved by heat, lying down, injection, pain medications, and rest. The objective findings included: antalgic gait, tenderness to palpation of lumbar spine, paraspinous circumscribed taut bands with twitch response, painful range of motion of the left foot/ankle, right hip, right knee, right ankle and foot strength are decreased. The diagnostic impression included: chronic pain due to trauma, spondylosis, muscle spasms, radiculopathy thoracic or lumbosacral, degenerative disc disease lumbar. The treatment to date included: medication management, activity modification, surgery. A utilization review decision dated 2/12/14, denied the request for Oxycodone-APAP 10-325 mg. The documentation did not identify quantifiable pain relief and functional improvement, and lack of aberrant behaviors and intolerable side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued use of Oxycodone-APAP 10-325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In several of the reports reviewed, there is documentation of significant pain reduction and improved activities of daily living. In many of the reports provided for review, the patient stated that his pain level with medications ranged from a 5-7/10 and a 7-9/10 without medications on a pain scale of 0-10. He also stated that with medications, he is able to do simple chores around the house and perform minimal activities outside of the home two (2) days a week. Without medications, he gets out of bed, but doesn't get dressed, and he stays at home all day. In addition, a urine drug screen from 2/3/14, showed a low level of oxycodone; however, it was present. Therefore, the request is medically necessary.