

Case Number:	CM14-0020799		
Date Assigned:	04/30/2014	Date of Injury:	05/01/2006
Decision Date:	07/08/2014	UR Denial Date:	01/23/2014
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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 59-year-old male who reported an injury on 05/01/2006. The mechanism of injury was unclear in the documentation provided. The clinical notes dated 12/18/2013 reported the injured worker complained of low back pain. The injured worker characterized pain as sharp, dull, throbbing, burning, aching, electricity and pins and needles. The injured worker reported the pain was constant and increased by walking, the injured worker noted the pain was decreased by medication. The physical exam noted the injured worker had decreased range of motion to all planes. The provider requested oxycodone 30 mg # 180. The request for authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 30MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ONGOING MANAGEMENT Page(s): 78-79.

Decision rationale: The request for oxycodone 30 mg # 180 is not medically necessary. The injured worker complained of low back pain. The injured worker characterized the pain as sharp,

dull, throbbing, burning, aching, electricity and pins and needles. The injured worker reported the pain is constant and increased by walking; the injured worker noted the pain is decreased by medication. The California MTUS guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also note the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation noting how long the pain relief lasted and the pain level before and after the requested medication; the requesting physician did not include a full assessment of the injured workers pain. The efficacy of the medication was unclear within the provided documentation. Given the clinical information submitted the request for Oxycodone 30 mg # 180 is not medically necessary.