MAXIMUS Federal Services

Case Number:	CM14-0022345		
Date Assigned:	05/09/2014	Date of Injury:	08/24/2005
Decision Date:	10/02/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 Family Medicine, and is licensed to practice in Utah. 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 patient is a 60 year-old female. The patient's date of injury is August 2004 to August 2005. The mechanism of injury was stated as a fall. The patient has been diagnosed with cervical spinal spondylosis, degenerative cervical spine, cervicogenic neck pain, headache, and bilateral cervical facet syndrome. The patient's treatments have included imaging studies, injections, physical therapy and medications. The physical exam findings dated June 20, 2013 show her cervical exam as tenderness and spasm over the paracervical area and trapezius muscles bilaterally. The lumbar spine shows tenderness and spasm in the paravertebral area, with tenderness over the bilateral SI joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone 20mg ER #90, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS Treatment Guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how

much Oxymorphone the patient was taking previously, if at all, and what the results/outcome of taking that medication was. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. This was not documented in the clinical records. The clinical documents only state the patient was counseled on Meds. According to the clinical documentation provided and current MTUS guidelines; Oxymorphone is not indicated as a medical necessity.