

Case Number:	CM14-0026953		
Date Assigned:	06/13/2014	Date of Injury:	11/06/1996
Decision Date:	07/16/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	03/03/2014

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 Preventative Medicine, has a subspecialty 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 51 year old male who sustained an injury on 11/06/96. No specific mechanism of injury was noted. The injured worker was followed for chronic low back and neck pain following a prior lumbar fusion at L3-4. The injured worker was being followed by a treating physician for ongoing chronic pain. The injured worker was seen on 01/03/14 with complaints of continuing low back pain. Per the record the initial injury was a large object striking the injured worker in the head. Medications at this visit included oxycodone 15mg every four hours and Norco 10/325mg every four to six hours. With medications the pain was reduced to 5/10 on visual analog scale. Without medications the pain was reported as uncontrolled and severe 10/10. On physical examination there was limited range of motion in the cervical spine with tenderness to palpation in the paraspinal musculature. No neurological deficits were noted in the upper extremities. There was ongoing loss of range of motion with tenderness to palpation in the lumbar spine. Mild to moderate weakness was noted in the left lower extremity at the ankle and foot. Tenderness was also present over the right shoulder at the acromioclavicular joint. Oxycodone 15mg was continued at this visit. There was no evidence of aberrant medication behaviors or abuse. Prior urine drug screens were appropriate. The injured worker had an additional sample taken for further urinary tox screens. The requested oxycodone 15mg #180 and urine drug screen were denied by utilization review on 01/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL 15MG #180: 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): 88-89.

Decision rationale: The injured worker has had an extended period of long term narcotics use without any clear indications of any functional benefits. The injured worker reported that his pain was reduced to 5/10 on a visual analog scale; however, duration of this improvement was not specifically discussed. It is unclear from the clinical documentation why the injured worker had been continued on short acting narcotics for an extended period of time. There should be consideration for either weaning from short term immediate release narcotics versus consideration for a round the clock extended release formulation for pain control. The overall intent would be to reduce the total amount of narcotics being utilized on a daily basis. As the records did not clearly identify functional benefits or duration of benefits attributed to the use of oxycodone, this medication is not medically necessary.

ONE URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Screen.

Decision rationale: Per the clinical documentation submitted for review, the injured worker had previously compliant urine drug screen results. There was no other risk stratification documentation available for review indicating increased risk factors for medication abuse or diversion to support further urine drug screen testing. As such this reviewer would not have recommended this test as medically necessary.