

Case Number:	CM14-0032501		
Date Assigned:	04/11/2014	Date of Injury:	06/21/2001
Decision Date:	05/29/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 Medicine and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 06/21/2001 due to a fall. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included an L4-5 discectomy and laminectomy followed by medications, physical therapy, a TENS unit, and aquatic therapy. The injured worker was evaluated on 09/10/2013. It was documented that the injured worker had been stable on his medications for approximately 10 years with no evidence of aberrant behavior with the appearance of being appropriate and functional. It was noted in the documentation that the injured worker's treatment plan was to wean off Oxycodone. The injured worker's treatment plan included a refill of OxyContin 40 mg, Soma 350 mg, and Anaprox 550 mg with a decrease in medications in the Oxycodone 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVIEW OF OXYCODONE 15MG, #140, MED 135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

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

Decision rationale: The requested Oxycodone 15 mg, #140, med #135 is not medically necessary or appropriate. The Medical Treatment Utilization Schedule recommends the ongoing use of medications be supported by documentation of functional benefit, an adequate assessment of the patient's pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the injured worker is monitored for aberrant behavior and is engaged in an opioid contract with the treating physician. Additionally, there is no quantitative assessment of pain relief related to medication usage. The clinical documentation does indicate that the injured worker is over a daily morphine equivalent of 120, which is what is recommended by the California Medical Treatment Utilization Schedule. Although it is noted within the documentation that the injured worker will be weaned off this medication, there was no specific treatment plan or weaning schedule provided. Therefore, continued use of this medication would not be supported. As such, the requested oxycodone 15 mg, #140, med 135 is not medically necessary or appropriate.