

Case Number:	CM14-0036621		
Date Assigned:	06/25/2014	Date of Injury:	08/05/1989
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 Nevada. 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 54 year-old male injured on August 6, 1989. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 25, 2014, indicates that there are ongoing complaints of chronic low back and knee pain. The physical examination demonstrated a normal body habitus, no deformities, well-nourished individual with a normal gait pattern. There is tenderness to palpation of the paraspinal musculature of the lumbar region the spine. A slight decrease in lumbar range of motion is reported. There is tenderness over the right knee, a decreased range of motion, and no instability noted. Diagnostic imaging studies are not represented in his progress note, however urine drug screening is identified as having been completed and the sample was positive for barbiturate but negative for opioids. Previous treatment includes surgery, multiple medications. A request had been made for oxycodone and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-Oxycodone 15 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 of 127.

Decision rationale: When considering the date of injury, the injury sustained, the length of time this been treated, the fact the injured worker is able to assist his mother with her apartment, able to drive, and the urine drug screening is not consistent with the medications, there is little indication for the ongoing use this medication. This is a short acting opioid for pain management of breakthrough pain. The progress notes indicate "horrific pain" yet this is not the presentation offer the physical examination. As such, when noting that there is no opioid contract for urine studies suggesting appropriate use, the medical necessity for this preparation is not established.