

Case Number:	CM14-0036903		
Date Assigned:	06/25/2014	Date of Injury:	12/22/2005
Decision Date:	07/31/2014	UR Denial Date:	03/18/2014
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 Occupational Medicine and is licensed to practice in California. 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 51 year-old female with a date of injury of 12/22/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/05/2014, lists subjective complaints as pain in the low back. Objective findings include: walks with a normal gait, motor sensation is intact, able to flex forward 20 degrees. Her diagnosis is low back pain with radiculopathy. The medical records available for review document that the patient has been taking the narcotic Percocet for an extended period of time. The patient has been provided with enough medication and a weaning schedule on 01/17/2014 and 02/07/2014. The previous utilization review physician discussed weaning with the primary treating physician who agreed to wean the patient from Percocet. A quantity of 90 Percocet 5 mg was provided to the patient on 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Pain Chapter: Long-term Assessment - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year and she has been provided the opportunity for weaning three times. As such, the request is not medically necessary.