

Case Number:	CM14-0044218		
Date Assigned:	07/02/2014	Date of Injury:	07/28/2009
Decision Date:	08/14/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/11/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 48-year-old male who reported an injury on 07/28/2009. The mechanism of injury was not stated. The current diagnoses include lumbosacral disc degeneration, lumbar radiculopathy, myalgia and myositis, sleep disorder, and tobacco use disorder. The injured worker was evaluated on 01/08/2014 with complaints of persistent lower back pain. Physical examination on that date revealed a moderately antalgic gait, pain and difficulty with transfers, and normal range of motion. Medications included Oxycodone/Acetaminophen 10/325 mg. Treatment recommendations at that time included continuation of the medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/acetaminophen 10/325mg, quantity: 90,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 02/2013. Despite the ongoing use of this medication, the injured worker continues to report 7/10 pain with medication. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary or appropriate.