

Case Number:	CM14-0044561		
Date Assigned:	06/20/2014	Date of Injury:	08/09/2004
Decision Date:	07/24/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/19/2014

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 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 42-year-old man who was reportedly injured on August 9, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 3, 2014, indicates that there are ongoing complaints of bilateral foot pain. Current medications are stated to include Ambien, Ativan, cyclobenzaprine, Cymbalta, Ibuprofen, ketoconazole cream, listen approval, Oxycodone, OxyContin, and Voltaren gel. The physical examination demonstrated tenderness in the arch and heel of the bilateral feet. Refills were provided on Oxycodone and OxyContin. Previous treatment includes physical therapy and oral pain medications. A request had been made for OxyContin and Oxycodone and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg dispensed Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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): 78 OF 127.

Decision rationale: At the dosages prescribed, the injured employee morphine equivalent dosage of OxyContin and Oxycodone is 360 mg which well exceeds the maximum recommended dosage of 120 mg. Additionally the attached medical record contains no objective measure of pain control, increased ability to function, return to work, or perform activities of daily living. For these reasons, this request for OxyContin is not medically necessary.

Oxycodone 15mg dispensed Qty:120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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): 78 OF 127.

Decision rationale: At the dosages prescribed, the injured employee Morphine equivalent dosage of OxyContin and Oxycodone is 360 mg which well exceeds the maximum recommended dosage of 120 mg. Additionally the attached medical record contains no objective measure of pain control, increased ability to function, return to work, or perform activities of daily living. For these reasons, this request for Oxycodone is not medically necessary.