

Case Number:	CM14-0047327		
Date Assigned:	07/07/2014	Date of Injury:	01/18/2010
Decision Date:	08/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/15/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 1/18/10. He was seen by his physician on 2/20/14 for a medication refill. He complained of 9/10 pain with medications and 5/10 pain without medications which included morphine, Oxycodone, ibuprofen and Cymbalta. His physical exam showed tenderness to palpation and decreased range of motion of the cervical spine. His neurologic exam showed he was alert and oriented. His diagnoses were cervical spondylosis, opioid type dependence, cervical degeneration, brachial neuritis, cervicgia and post-laminectomy. A urine drug screen was consistent with medications prescribed. Length of therapy is not documented in the visit. At issue in this review are the refills of prescriptions Oxycodone and morphine sulfate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Oxycodone 30 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 74-80 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2010. His medical course has included numerous treatment modalities including ongoing use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 2/20/14 fails to document any significant improvement in pain, functional status or side effects to justify ongoing use. The medical necessity of Oxycodone 30 MG #180 is not substantiated in the records. As such, the request is not medically necessary.

Pharmacy purchase of Morphine 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 74-80 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2010. His medical course has included numerous treatment modalities including ongoing use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 2/20/14 fails to document any significant improvement in pain, functional status or side effects to justify ongoing use. The medical necessity of Morphine 30 mg #90 is not substantiated in the records. As such, the request is not medically necessary.