

Case Number:	CM14-0050934		
Date Assigned:	07/07/2014	Date of Injury:	10/13/2004
Decision Date:	09/05/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/18/2014

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 59-year-old male who was reportedly injured on October 13, 2004. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated April 23, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated 5'10", 285 pound individual who is borderline hypertensive (138/72). The injured employee was reported to be in "no acute distress." There was tenderness to palpation of the lower lumbar spine and over the facet joints. Lumbar spine range of motion was reduced in all planes. Sensation was intact throughout both lower extremities and the injured employee was able to heel and toe walk. Diagnostic imaging studies objectified multiple level degenerative changes. Previous treatment included lumbar surgery, facet joint injections, multiple medications, physical therapy and pain management techniques. A request was made for oxycodone and was not certified in the pre-authorization process on April 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: The records reflect that a separate prescription for a particularly potent narcotic analgesic had been certified. There was no clinical indication presented in the progress notes reviewed supporting the need for 2 particular potent narcotic medications. The efficacy of each individual narcotic medication has not been established in the progress notes presented. Therefore, based on the clinical information presented for review and MTUS, the request is not medically necessary.