

Case Number:	CM14-0060308		
Date Assigned:	07/09/2014	Date of Injury:	07/30/2003
Decision Date:	10/23/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 records presented for review indicate that this 55-year-old gentleman was reportedly injured on July 30, 2003. The mechanism of injury is noted as running into a ditch while driving a backhoe. Previous treatment includes oral medications. The most recent progress note, dated August 27, 2014, indicates that there are ongoing complaints of upper back pain. Current medications include Oxycodone, and Lamisil. The physical examination demonstrated that the injured employee was limping due to foot pain on that date. Trigger points were noted along the supraspinatus muscles and along the lumbar paraspinal muscles. There was good lumbar spine range of motion and a negative straight leg raise test. Recent diagnostic imaging studies were not available. A request had been made for Oxycodone 10 mg and was not certified in the pre-authorization process on April 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #90: Upheld

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

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): 74, 78, 93 of 127..

Decision rationale: The California MTUS Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee is stated to have chronic pain and currently takes Oxycodone 10 mg four times per day, however, there is no clinical documentation of improvement in their pain or function with this medication regimen. As such, this request for Oxycodone 10 mg is not medically necessary.