

Case Number:	CM14-0061600		
Date Assigned:	07/09/2014	Date of Injury:	04/08/2004
Decision Date:	08/21/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 & 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 injured worker is a 31-year-old female who reported an injury on 04/08/2004, the mechanism of injury was not provided within the medical records. The clinical note dated 05/20/2014, indicated a diagnoses of chronic low back pain with lumbar fusion at L5-S1, hardware was removed in 2009 an MRI revealed fusion at L5-S1 and annular tear at L4-5. The injured worker reported low back pain that radiated to both lower extremities. The injured worker reported her legs frequently went numb. The injured worker reported her pain level is about 6 to 10 before medications and 4 to 10 with medications. The injured worker reported with medications she was able to walk on a regular basis and do chores around the house. She stated she had an appointment with functional restoration coming up but she was not interested in it. The injured worker reported she was paying for her medications out of pocket. The injured worker reported she has been taking Soma, but it only helped with her spasms. On physical examination, there was decrease sensation to pin prick of whole anterior aspect of both feet. The provider was unable to get an Achilles reflex; there was decreased sensation on the right lateral leg and on the left medial leg. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included; Percocet, Celexa and Soma. The provider submitted a request for Percocet. A Request for Authorization was not submitted for review to include the day the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10/325 mg QTY: 60.00 (15 day supply): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 78.

Decision rationale: The request for Oxycodone/APAP 10/325 mg QTY: 60.00 (15 day supply) is not medically necessary. The California MTUS guidelines state that Hydrocodone/Acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of significant evidence of an objective assessment of the injured worker's evaluation of risk for aberrant drug use, behaviors and side effects. In addition it was not indicated when the injured worker last had a urine drug screen done. Therefore, the request of Oxycodone/APAP 10/325 is not medically necessary.