

Case Number:	CM14-0073578		
Date Assigned:	07/16/2014	Date of Injury:	04/05/2001
Decision Date:	09/16/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 64-year-old male who has submitted a claim for neck pain, cervical and lumbar spine pain associated with an industrial injury date of April 5, 2001. Medical records from 2014 were reviewed. The patient complained of moderate to severe lower back pain. Pain radiates to left calf and left thigh. The patient describes the pain as aching, burning, piercing, sharp and shooting. Physical examination showed active painful range of motion with limiting factors of pain. Tenderness to palpation was noted over the bilateral facet joints of the lower lumbar spine. Treatment to date has included NSAIDs, opioids, and physical therapy. A utilization review from April 30, 2014 denied the request for Oxycodone Hcl 5mg #150 because the criteria for ongoing opioid use set by the guidelines used were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hcl 5mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-81.

Decision rationale: According to pages 76-78 of CA MTUS Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. In this case, there is no documentation of current use of Oxycodone. Current treatment regimen includes Hydrocodone/Acetaminophen which has been started since October 2013. However, there is no clear indication as to why two opioid medications are necessary at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for Oxycodone Hcl 5mg #150 is not medically necessary.