

Case Number:	CM14-0075859		
Date Assigned:	07/16/2014	Date of Injury:	06/21/2001
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 records presented for review indicate that this 60-year-old gentleman was reportedly injured on June 21, 2001. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 22, 2014, indicates that there are ongoing complaints of low back pain with numbness and tingling in the lower extremities. There was a plan to start weaning from Oxycodone IR. The injured employee was recently weaned from 140 to 130. The physical examination demonstrated decreased sensation in the L5 dermatome bilaterally as well as absent ankle reflexes. There was decreased range of motion of the lumbar spine and both flexion and extension. Medication refills were given for OxyContin, Anaprox, Soma, and Oxycodone IR. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request had been made for Oxycodone 40 mg #60 wean with target med of less than 120 mg for a duration of 2-3 months and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy 40 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, 97.

Decision rationale: MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. 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 has chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. Even though there are plans for weaning this medication, in the absence of subjective or objective clinical data, this request is not medically necessary.