

Case Number:	CM14-0076263		
Date Assigned:	09/26/2014	Date of Injury:	05/22/2008
Decision Date:	10/29/2014	UR Denial Date:	05/07/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 05/22/2008 due to an unknown mechanism. Physical examination on 04/25/2014 revealed diagnosis of chronic pain syndrome, pain in thoracic spine, sleep disturbance not otherwise specified, spasm of muscle, dysthymic disorder, drug dependence not otherwise specified unspecified, depressive disorder not elsewhere classified, electronic prescribing enabled, and encounter for long term use of other medications. The injured worker had complaints of diffuse thoracic back pain. Examination revealed for neurological exam was intact without apparent gross deficiencies. Treatment plan was to continue medications as directed. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hcl 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The decision for oxycodone HCL 20 mg quantity 120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that the 4 A's for ongoing monitoring of an opioid medication should be documented, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The injured worker's functional improvement from taking this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

MS Contin Cr 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The decision for MS Contin CR 30 mg is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that the 4 A's for ongoing monitoring of an opioid medication should be documented, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The injured worker's functional improvement from taking this medication was not reported. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.