

Case Number:	CM14-0077808		
Date Assigned:	07/18/2014	Date of Injury:	11/01/2002
Decision Date:	09/19/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/27/2014

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, 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 54-year-old individual was reportedly injured on November 1, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 2, 2014 indicated that there were ongoing complaints of left leg pain. The physical examination demonstrated a 6'2", 200 pound normotensive individual. There was no noted motor weakness. The gait pattern was reported as antalgic, and no sensory losses identified. Diagnostic imaging studies were not reported. Previous treatment included left knee surgery, hernia surgery, left ankle surgery and left knee arthroscopy with hardware removal. A request had been made for oxycodone and was not certified in the pre-authorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg every 8 hours #60 to initiate a weaning process or to allow the provider time to document derived functional benefit: 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: MTUS 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 claimant suffered from chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not medically necessary.