

Case Number:	CM14-0082006		
Date Assigned:	08/08/2014	Date of Injury:	05/16/2006
Decision Date:	09/11/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/03/2014

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 injured worker is a 54 year-old male who was reportedly injured on May 16, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 13 2014, indicates that there are ongoing complaints of multiple medical maladies. The physical examination demonstrated a 6'3", 363 pound (164.8 kg) individual "in no acute distress." The genitalia noted enlarged testes, with no palpable varicocele. There are no findings relative to the extremities reported. Diagnostic imaging studies are not presented. Multiple level degenerative changes are reported in the progress note with evidence of the cervical spine surgery. Previous treatment includes treatment for the numerous comorbidities, anterior cervical fusion, multiple medications, and pain management interventions. The medical records also identify a number of comorbidities to include or disease, hypertension, hyperlipidemia, sleep apnea, diabetes, morbid obesity, tobacco abuse and chronic kidney failure. A request was made for multiple medications and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen 10/325mg to be filled on 5/19/14 QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Chronic pain Page(s): 80-81.

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.

Decision rationale: When noting the date of injury, the injury sustained, the current clinical examination and the numerous comorbidities there is no clinical indication presented that this medication is clinically indicated. Opiate medications should include the lowest possible dose and there needs to be objectification of efficacy in terms of pain relief, increased functional status, ability return to work or some other objective parameter. Therefore, as noted in the California Medical Treatment Utilization Schedule, tempered by the current physical examination reported, there is no indication of this medication is warranted or has demonstrated any efficacy. As such, this is not medically necessary.

Oxycontin 10mg to be filled on 5/19/14 QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Chronic pain Page(s): 80-81.

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.

Decision rationale: When noting the date of injury, the injury sustained, the current clinical examination and the numerous comorbidities there is no clinical indication presented that this medication is clinically indicated. Opiate medications should include the lowest possible dose and there needs to be objectification of efficacy in terms of pain relief, increased functional status, ability return to work or some other objective parameter. Therefore, as noted in the California Medical Treatment Utilization Schedule, tempered by the current physical examination reported, there is no indication of this medication is warranted or has demonstrated any efficacy. As such, this is not medically necessary.

Retrospective request for Oxycodone/Acetaminophen 10/325mg to be filled on 3/20/14 QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Chronic pain Page(s): 80-81.

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.

Decision rationale: When noting the date of injury, the injury sustained, the current clinical examination and the numerous comorbidities there is no clinical indication presented that this medication is clinically indicated. Opiate medications should include the lowest possible dose and there needs to be objectification of efficacy in terms of pain relief, increased functional status, ability return to work or some other objective parameter. Therefore, as noted in the California Medical Treatment Utilization Schedule, tempered by the current physical examination reported, there is no indication of this medication is warranted or has demonstrated any efficacy. As such, this is not medically necessary.

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Retrospective request for Oxycodone/Acetaminophen 10/325mg to be filled on 4/19/14 QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Chronic pain Page(s): 80-81.

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.

Decision rationale: When noting the date of injury, the injury sustained, the current clinical examination and the numerous comorbidities there is no clinical indication presented that this medication is clinically indicated. Opiate medications should include the lowest possible dose and there needs to be objectification of efficacy in terms of pain relief, increased functional status, ability return to work or some other objective parameter. Therefore, as noted in the California Medical Treatment Utilization Schedule, tempered by the current physical examination reported, there is no indication of this medication is warranted or has demonstrated any efficacy. As such, this is not medically necessary.

Retrospective request for Oxycontin 10mg to be filled on 4/19/14 QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Chronic pain Page(s): 80-81.

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.

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