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| Case Number: | CM14-0083451 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 04/25/2002 |
| Decision Date: | 09/03/2014 | UR Denial Date: | 05/21/2014 |
| Priority: | Standard | Application Received: | 06/05/2014 |

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 Texas. 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 60-year-old male who reported an injury on 04/25/2002. The injured worker reportedly sustained an injury to his lower back while lifting stacks of fertilizer from the conveyer belt. The injured worker's treatment history included therapeutic injections, medications, MRI, and urine drug screens. The injured worker was evaluated on 07/08/2014 and it was documented that the injured worker complained of continued pain in low back. Back pain was described as aching and constant and ongoing. The pain was a 5/10 on pain scale with medications. Physical examination of the low back revealed myalgias, muscle weakness, stiffness, joint complaint and arthralgia(s). There was tenderness at the facet joint, decreased flexion, extension and lateral bending. Medications included Oxycodone 30mg, Oxycontin 40mg, and Keto-cyclo-lido cream. Diagnoses included lumbago, low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase for Oxycodone HCL 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Guidelines form Specialty Societies or Other National Organizations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risks for aberrant drug use behaviors and side effects. In addition, it is not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary and appropriate.

Pharmacy Purchase of Oxycontin 40mg #120: 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 Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risks for aberrant drug use behaviors and side effects. In addition, it is not indicated how long the injured worker had been utilizing this medication. Moreover, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary and appropriate.