

Case Number:	CM14-0093526		
Date Assigned:	07/25/2014	Date of Injury:	06/24/1998
Decision Date:	10/30/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old female who reported an injury on 06/24/1998. The mechanism of injury was not submitted for clinical review. The diagnoses included chronic pain syndrome, knee pain, and chronic pain self management deficit. The previous treatments included medication. Within the clinical dated 05/27/2014, it was reported the injured worker complained of knee pain. She described the knee pain as sharp and constant. Upon the physical examination, the provider noted the injured worker's lumbar spine had tenderness to palpation at the L4 paraspinal region and the iliolumbar region. The provider requested oxycodone. However, a rationale was not submitted for clinical review. The Request for Authorization was 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 30 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication that is evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the provider failed to document an adequate and complete pain assessment within the documentation. The use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.