

Case Number:	CM14-0096934		
Date Assigned:	07/28/2014	Date of Injury:	01/25/2005
Decision Date:	08/28/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/25/2014

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 Management and is licensed to practice in California. 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 32-year-old male who reported an injury on 01/25/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 07/21/2014 indicated diagnoses of cervical dystonia, cervicgia, piriformis syndrome, anxiety and libido decrease. The injured worker reported he was taking Oxymorphone regularly and it helped control his pain. The injured worker reported there was no evidence of negative side effects. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Oxymorphone. The provider indicated no evidence of misuse. The provider submitted a request for Oxymorphone. A request for authorization dated 07/22/2014 was submitted for oxymorphone however a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone ER 40mg, #300: Upheld

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

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 the use of opioids for the ongoing 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. The guidelines state that dosing not exceed 120 mg oral Morphine equivalents per day however, the injured worker's Morphine equivalent per day is 360 mg. This exceeds the guidelines' recommendation. In addition, the request did not indicate a frequency for this medication. Moreover, the documentation submitted did not indicate whether the injured worker had a pain contract. Therefore, the request for Oxymorphone ER 40 mg, #300 is not medically necessary.