

Case Number:	CM14-0099757		
Date Assigned:	09/16/2014	Date of Injury:	04/11/2010
Decision Date:	12/04/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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, has a subspecialty in Interventional Spine 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 patient is a 44-year old with an injury date on 4/11/10. Patient complains of mid-thoracic back pain with spasms per 5/2/14 report. The back pain is rated 3-10/10 per 3/3/14 report. Based on the 6/5/14 progress report provided by [REDACTED] the diagnosis is chronic mid thoracic back pain. Exam on 6/5/14 showed "tender T6-T8 paraspinals on the left. MRI shows HNP at T7-8." No range of motion testing was found in provided reports. Patient's treatment history only includes medications (Vicodin, Soma, Norco). [REDACTED] is requesting oxycodone 30mg #90. The utilization review determination being challenged is dated 6/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/2/14 to 10/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 76-78;60.

Decision rationale: This patient presents with back pain. The physician has asked for Oxycodone 30MG #90 on 6/5/14. Review of reports shows that the patient has not taken Oxycodone before. Patient has been taking Norco since 1/2/14 but it now upsets her stomach, and the physician is recommending a trial of Oxycodone per 6/5/14 report. Regarding medications for chronic pain, MTUS page. 60 states the physician must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, the patient had an adverse reaction to Norco, and the physician is attempting a trial of Oxycodone which is reasonable considering patient's moderately severe chronic pain condition. For on-going use of medication, the four A's, and outcome measures must be documented as required by MTUS guidelines. Therefore, Oxycodone 30mg #90 is medically necessary.