

Case Number:	CM14-0099856		
Date Assigned:	08/20/2014	Date of Injury:	08/06/2004
Decision Date:	09/24/2014	UR Denial Date:	06/04/2014
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, 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 37-year-old male who reported an injury on 08/06/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 07/25/2014 indicated diagnoses of chronic pain syndrome, unspecified myalgia and myositis, lumbosacral spondylosis without myelopathy, thoracic lumbosacral neuritis or radiculitis unspecified, degeneration of lumbar or lumbosacral intervertebral disc and encounter for long-term use of other medications. The injured worker reported low back pain, leg pain, chest pain, and palpitations. The injured worker described his pain as aching, dull, sharp, stabbing, tingling that radiated down to the bilateral legs, mainly the left down to the foot. The severity of pain was rated 8/10. The injured worker denied feeling as though he was addicted to narcotics, giving away his prescription narcotics, inadequate pain relief, selling prescription narcotics, or using narcotics for any other than pain relief. On physical examination of the lumbar spine, the injured worker's lumbar spine range of motion was decreased. Sensation was normal in all dermatomes. There was tenderness to palpation over the lumbar facet joints. The injured worker had a positive right and left Patrick's test. Treatment plan included continue oxycodone and continue Pamelor. Prior treatments included diagnostic imaging and medication management. Medication regimen included Oxycodone and Pamelor. The provider submitted a request for oxycodone. A Request for Authorization dated 07/31/2014 was submitted for the above medications; 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:

Oxycodone 20 mg,quantity 120: Upheld

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

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

Decision rationale: The California MTUS 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. Although the injured worker denies feeling as though he is addicted to narcotics, giving way the prescriptions of narcotics, or inadequate pain relief, there is a lack of documentation of efficacy and functional improvement with the use of the oxycodone. In addition, the injured worker reported his pain as 8/10. There is no indication that the use of Oxycodone has resulted in a diminished pain level or functional improvement. Furthermore, the request for Oxycodone lacks a frequency. Therefore, the request for Oxycodone 20 mg #120 is not medically necessary.