

Case Number:	CM14-0142804		
Date Assigned:	03/09/2015	Date of Injury:	05/15/2012
Decision Date:	04/14/2015	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male who reported an injury on 05/15/2012. The injured worker reportedly suffered a low back injury while driving a tractor. On 08/21/2014, the injured worker presented for a follow up evaluation with complaints of persistent low back pain, left hip pain, and buttock pain. The injured worker also reported headaches. It was noted that the injured worker was utilizing naproxen, which provided a mild relief of symptoms; however, it caused stomach irritation. The injured worker had also received a left trochanter injection, which resulted in discomfort and cramping. It was noted that the injured worker was scheduled to begin a course of physical therapy following the trochanter injection; however, was only issued approval of 4 sessions. Upon examination, there was tenderness over the pelvic rim and quadratus lumborum, minimal lumbar discomfort with extension/rotation, mild discomfort with straightening from a flexed position, bilateral sacroiliac joint and piriformis tenderness, stiffness with flexion and internal rotation of the left hip, normal motor strength, and intact sensation. The injured worker was injured prescriptions for Percocet 10/325 mg and Norco. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL-Acetaminophen 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was documentation of a failure of NSAID therapy. However, the injured worker has continuously utilized opioid medication. There was no documentation of a written consent or agreement for the chronic use of an opioid medication. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate at this time.