

Case Number:	CM14-0165852		
Date Assigned:	10/10/2014	Date of Injury:	12/10/2010
Decision Date:	01/07/2015	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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 53 year old male who was injured on 12/10/2010. The diagnoses are low back and neck pain. The MRI of the cervical spine showed degenerative disc disease, facet arthropathy and neural foraminal stenosis. There was degenerative disc disease of the thoracic spine. There is a past history of heart attack. On 9/4/2014, [REDACTED] noted subjective complaints of low back pain radiating to the hips area. The pain score was reported to be 5-6/10 on a scale of 0 to 10 with medications. The patient reported 80% reduction in pain with increase in ADL and physical activities. There were objective findings of muscle spasm and tenderness over the cervical and lumbar spines. There was no aberrant behavior or side effects reported. The medications are Oxymorphone and Hydromorphone for pain. The records indicate that the medications dosage has been significantly decreased in the past few months. A Utilization Review determination was rendered on 9/15/2014 recommending denial for Oxymorphone ER 30mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone ER 30mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of musculoskeletal pain when treatments with non-opioid medications, Physical Therapy (PT), interventional pain procedures and surgical options have been exhausted. The records indicate that the patient have also completed epidural steroid injections and PT. The patient cannot tolerate chronic NSAIDs treatment due to coexisting conditions. There is significant reduction in pain and functional improvement with the use of the opioids. The opioid dosage was previously reduced to comply with insurance recommendations. There is no adverse effect or aberrant behavior reported. The criteria for the use of Oxymorphone ER 30mg # 60 were met.