

Case Number:	CM14-0184017		
Date Assigned:	11/10/2014	Date of Injury:	04/11/2010
Decision Date:	03/10/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/05/2014

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 44 year old female who sustained a work related injury on April 11, 2010. The mechanism of injury was a slip and fall. She was diagnosed with chronic back pain, herniated thoracic disc and depression. Treatment has included pain management, physical therapy, thoracic steroid injection and a thoracic MRI dated March 22, 2013. Per the Utilization Review documentation a thoracic MRI revealed significant thoracic disc protrusion and progression on the most recent MRI. Current documentation dated October 3, 2014 notes that the injured worker had chronic thoracic pain which was relieved by eighty percent with Oxycodone. Current medications include Oxycodone, Ambien, and on 09/02/2014 the injured worker was provided with Hydrocodone /APAP 10/325 mg, Venlafaxine 75 mg and Ibuprofen 800 mg. Current diagnosis is chronic thoracic disc pain. Work status was temporarily totally disabled. The treating physician requested Oxycodone 30 mg, # 90 with one refill. The injured worker underwent urine drug screens. Utilization Review evaluated and modified the request to Oxycodone 30 mg # 30 for weaning over the next two months. The CA MTUS Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, 1, 3 times a day, #90 times 1 fill: MED 135: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-82, 86-87, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain ongoing management opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. There was a lack of documentation of objective functional improvement. There was documentation the injured worker had an objective decrease in pain and was being monitored for aberrant drug behaviors and side effects. Additionally, the request exceeds the recommended oral morphine equivalence per day. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for oxycodone 30 mg one 3 times a day #90 x1 refill, MED: 135 is not medically necessary.