

Case Number:	CM14-0194929		
Date Assigned:	12/02/2014	Date of Injury:	06/21/2002
Decision Date:	01/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/20/2014

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 Internal Medicine; has a subspecialty in Nephrology 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:

This is a 38-year-old male with a 6/21/02 date of injury. According to a progress report dated 11/24/14, the patient rated his pain with medications as a 3/10 and without medications as an 8/10. His current medication regimen optimized function and activities of daily living. He stated that his quality of sleep was poor and his activity level has remained the same. Objective findings: restricted range of motion of lumbar spine, tenderness to palpation of paravertebral muscles on left, lumbar facet loading positive on the left side. Diagnostic impression: mood disorder, post lumbar laminectomy syndrome, lumbar disc disorder, chronic back pain. Treatment to date: medication management, activity modification, and ESI. A UR decision dated 11/11/14 modified the request for Oxycodone 5mg from 60 tablets to 45 tablets. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, although the medical records provided indicate that a UR decision dated 11/11/14 modified a request for Oxycodone 5mg from 60 tablets to 45 tablets, there is documentation that a separate UR decision dated 11/11/14 certified a request for Oxycodone 5mg #60. In addition, the medical records provided indicate that Oxycodone 5mg #60 was certified on 11/19/14 and 12/16/14. It is unclear why this duplicate request is being made at this time. Furthermore, given the 2002 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Oxycodone HCL 5 MG #60 is not medically necessary.