

Case Number:	CM14-0195141		
Date Assigned:	12/02/2014	Date of Injury:	09/28/1992
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/21/2014

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 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:

Pursuant to the last office visit note dated September 16, 2014, the IW complains of more pain over the last several weeks. He complains that pain travels down his leg. He also has headaches that have increased to 3 to 4 times per week. Examination of the neck reveals mild bilateral posterior neck tenderness to palpation. Range of motion: Rotation 60 degrees right, 60 degrees left, 10 degrees extension, and 30 degrees flexion. Tender L5-S1 spinous processes noted with mild positive paraspinal muscle tenderness and spasms. The treating physician is requesting Oxycodone 10mg, #120. According to a progress note dated April 9, 2010, the IW was taking Norco 10/325mg, and using Fentanyl patch 75mcg. In a May 21, 2014 note, the medications were changed to Methadone 10mg, and Oxycodone 10mg. There was no detailed pain assessment in the medical record or objective functional improvement associated with the use of Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg, #120: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 10 mg #120 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case the date of injury is September 28, 1992. In a progress note dated April 9, 2014 the injured worker was taking Norco and using a Fentanyl patch. There is no documentation indicating objective functional improvement with those medications. In a May 21, 2014 progress note, the medicines were changed to Methadone 10 mg and Oxycodone. This is a handwritten note with no clinical indication or clinical rationale as to the change. Additionally, there is no documentation containing objective functional improvement or detailed pain assessments as required by the guidelines. Consequently, Oxycodone 10mg, #120 is not medically necessary.