

Case Number:	CM14-0197339		
Date Assigned:	12/05/2014	Date of Injury:	10/04/1996
Decision Date:	01/15/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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:

Patient has a reported date of injury on 10/4/1996. No mechanism of injury was documented. Patient has diagnosis of chronic pain, osteomyelitis, shoulder pain, cervical pain and back pain. Also has history of chronic foot drop. Medical reports reviewed and last report available until 10/31/14. Progress note dated 10/31/14 and 9/23/14 has failed to document any pain scale or details of pain that the patient has. Patient complains of neck, back and headaches. Vioxx was discontinued and plan was a trial of Celebrex. Note mentions plan for tapering down Duragesic during next visit. Objective exam reveals lumbar spine tenderness with pain with range of motion and straight leg raise positive on R side. Patient is currently on Duragesic 75mcg patch and Oxycodone 40mg a day. No electrodiagnostic report was provided for review. MRI of lumbar spine (8/26/14) minimal spondylolisthesis at L5-S1 with sub articular disc protrusions right side worse than left with "may be compression on right L5 nerve..." Current medications include Benazepril, Pantoprazole, Clonazepam, Oxycodone, Soma, Lyrica and Wellbutrin. Independent Medical Review is for Oxycodone 10mg #120. Prior UR on 11/13/14 recommended modification for weaning from oxycodone. Prior URs dated 8/19/14 recommended weaning off Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg, take 1 p.o 4 times daily, Qty: 120, Body Part: Back & Multiple Strains: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: Oxycodone is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is not a single pain or activity of daily living documented in the last 3 progress notes. There is no documented improvement. There is no documentation or side effect or abuse risk assessment. Patient is on excessive opioids with Morphine Equivalent Dose (MED) exceeding the recommended maximum of 120mg MED. Documentation fails to support continued oxycodone use Oxycodone is not medically necessary.