

Case Number:	CM14-0197975		
Date Assigned:	12/08/2014	Date of Injury:	11/19/2001
Decision Date:	01/16/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Practice 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:

The injured worker is a 51 year-old female claimant who sustained a work injury on 11/19/2001 involving the low back. She was diagnosed with fibromyalgia, chronic pain syndrome, and lumbar degenerative disk disease. He has been on opioids and NSAIDs (Oxycontin/Ibuprofen) for pain control since at least March 2014. A progress note on 9/17/14 indicated the claimant's Oxycontin was not authorized. She had partial pain relief with medications. Exam findings were not mentioned. She was advised on the importance of an exercise regimen to improve range of motion and stiffness. A trial of Oxymorphone was provided for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone 10mg ER #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. They are recommended for a trial bases for short-term use. Long Term-

use has not been supported by any trials. There is no indication that one opioid is superior to another. In this case, the claimant had some pain control with long-term use of Oxycontin. There was no recent pain scale or exam to indicate need to switch to Oxymorphone. The request for Oxymorphone is not indicated and not medically necessary.