

Case Number:	CM14-0205586		
Date Assigned:	12/17/2014	Date of Injury:	12/10/2011
Decision Date:	02/09/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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:

The injured worker is a 43 year-old female, who sustained an injury on December 10, 2011. The mechanism of injury occurred when she fell on standing water. Diagnostics have included: left hip x-rays reported as showing acetabular calcification; October 3, 2014 consistent drug screen. Treatments have included: medications, physical therapy, epidural injection. The current diagnoses are: s/p fall back and left buttock pain, rule out lumbar disc herniation. The stated purpose of the request for Modified certification for Oxycodone 10mg #150 to permit weaning to discontinue. Modified certification recommendation duration is 3 months to allow for evidence of gradual tapering was to provide a weaning process. The request for Modified certification for Oxycodone 10mg #150 to permit weaning to discontinue. Modified certification recommendation duration is 3 months to allow for evidence of gradual tapering on December 1, 2014, citing a lack of documentation of functional improvement. Per the report dated November 19, 2014, the treating physician noted complaints of pain to the back, hip and leg. Exam showed a positive left straight leg raising test and FABER sign, with decreased L5 sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #210, take 1-2 tabs q4h: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 78-80, 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Weaning of Medications Page(s): 78-80, 80-82, 124.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Weaning of Medications, Page 124 recommend a slow taper of medications. The injured worker has pain to the back, hip and leg. The treating physician has documented a positive left straight leg raising test and FABER sign, with decreased L5 sensation. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract, nor medical necessity for a more prolonged weaning schedule. The criteria noted above not having been met, the request for Oxycodone is not medically necessary.