

Case Number:	CM14-0041981		
Date Assigned:	06/30/2014	Date of Injury:	08/21/2000
Decision Date:	01/09/2015	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/09/2014

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 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:

The injured worker (IW) is a 72-year-old man with a date of injury of August 21, 2000. The mechanism of injury was not documented in the medical record. Pursuant to the handwritten progress note dated January 28, 2014, the IW complains of chronic back pain, and neck pain. Objective physical findings revealed limited range of motion in the neck and back. Mild tenderness is noted in the soft tissue. The IW was diagnosed with back pain, cervical radiculopathy, lumbar radiculopathy, and degenerative disc disease. The provider is requesting a medication refill of Oxycodone 10/325mg #90. The medical record was limited to 20 pages. There were no pain assessments or objective functional improvement documented by the provider. It is unclear as to the length of time the IW has been taking Oxycontin 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg six tablets per day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for 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 10/325 mg six tablets per day #90 is not medically necessary. Ongoing, chronic 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 the chronic use of opiates. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the medical documentation is limited to 20 pages in the record. There is a handwritten primary treating physician progress report which notes "medications refill" in the treatment plan. The date of injury is August 21, 2000. There is a handwritten entry that states permanent disability and the exams dated January 28, 2014. There is a pain management report dated February 20, 2014 which lists Percocet 10/325mg, 1 to 2 tablets by mouth every 4 to 6 hours #180 and Avinza 90 mg X are one capsule by mouth at bedtime #30. The remaining documentation consists of the initial utilization review. None of the documents reviewed during the initial utilization review were available in the medical record. The documentation does not show any detailed pain assessments and there is no documentation showing objective functional improvement as it pertains to opiate use. A random drug test was positive for cannabis, however, the injured worker states he only handled cannabis. His back pain has remained unchanged. Consequently, absent the appropriate documentation, Oxycodone 10/325 mg six tablets per day #90 is not medically necessary.