

Case Number:	CM14-0050761		
Date Assigned:	07/07/2014	Date of Injury:	09/22/1999
Decision Date:	04/13/2015	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old female who reported injury on 09/22/1999. The mechanism of injury was not provided. The injured worker was noted to be utilizing the medication since at least 01/2013. The Request for Authorization submitted for review was dated 03/20/2014. The injured worker was noted to undergo urine drug screens. The most recent documentation was dated 11/11/2013. The injured worker had a chief complaint of failed neck surgery with radiculopathy. The injured worker indicated that she had the same neck pain rated as 6/10. The pain was noted to be constant, and radiating into the bilateral arms. Prior therapies included physical therapy and acupuncture which provided minimal or temporary pain relief. The physical examination revealed decreased range of motion. The diagnoses included postlaminectomy syndrome cervical region, and brachial neuritis or radiculitis. The treatment plan included a refill of oxycodone 10 mg by mouth 4 times a day #120. Other medications included Cymbalta 200 mg by mouth twice a day and OxyContin 60 mg by mouth twice a day. The date of request was not provided nor was the rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg po tid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 to 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60,78,86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The daily morphine equivalent dosing would be 225 mg with the combined medications and the medication taken at 3 times a day dosing. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation of side effects. There was documentation the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the date of request. There was no recent documentation for the year of 2014. The daily morphine equivalent dosing would be 225 mg which exceeds the 120 mg of oral morphine equivalence per day. Given the above, the request for Oxycodone 10mg po tid #90 is not medically necessary.