

Case Number:	CM15-0005008		
Date Assigned:	01/16/2015	Date of Injury:	01/24/2009
Decision Date:	03/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year-old female worker sustained neck and low back injuries on 1/24/09. She was diagnosed with chronic left neck and left shoulder pain. She has been treated with Lyrica, Ambien, Soma, Fentanyl patches, Oxycodone, left shoulder cortisone injection and surgery. The PR2 dated 12/16/14 states she has tenderness in the left neck, left trapezius and left shoulder. The treating provider requests Oxycodone 30 mg #90. The Utilization Review on 12/22/14 non-certified Oxycodone 30 mg #90, citing CA MTUS Chronic Pain Medical Treatment guidelines; there was no documentation of other pain medications used prior to this one, no pain management history and no description of objective measures of functional benefit directly attributed to this medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: Oxycodone 30mg #90 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not meet the above criteria. There is no evidence of functional improvement on oxycodone. The request for oxycodone 30mg #90 is not medically necessary.