

Case Number:	CM15-0006620		
Date Assigned:	01/23/2015	Date of Injury:	09/20/2010
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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: 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 56-year-old female who reported an injury on 09/20/2010. The mechanism of injury was due to a roll and fall on the ankle. Her diagnoses include discogenic lumbar condition, discogenic cervical condition with radicular components, internal derangement of the right knee, impingement syndrome, sprain of the bilateral ankles, thoracic sprain, left wrist sprain, and chronic pain syndrome. Her past treatments included medication, a TENS unit, and pain management. On 01/07/2015, the injured worker complained of feeling fatigued. The physical examination revealed the injured worker ambulated with the use of a cane. The cervical and lumbar spinal muscles were indicated to be tender bilaterally with pain around the left knee (medial greater than the lateral joint line). Her relevant medications included Valium, trazodone, and oxymorphone. A request was received for oxymorphone 15 mg #90. A rationale was not provided. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going managemnt Page(s): 78.

Decision rationale: The request for oxymorphone 15 mg #90 is not medically necessary. According to the California MTUS Guidelines, the ongoing management of opioid use should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend documentation addressing the 4 A's of ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The injured worker was indicated to have been on oxymorphone for an unspecified duration of time. However, there was a lack of documentation in regard to objective functional improvement, an objective decrease in pain levels, or evidence of monitoring for side effects or aberrant drug related behaviors to include a current urine drug screen. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.