

Case Number:	CM15-0148596		
Date Assigned:	08/10/2015	Date of Injury:	08/09/2010
Decision Date:	09/11/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 67 year old male, who sustained an industrial injury on August 9, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having disorder of coccyx not otherwise specified, mood disorder and low back pain. Treatment to date has included medications. He was noted to be stable on the current medication regimen. Function and activities of daily living were noted to have improved optimally on current doses. On June 1, 2015, the injured worker complained of pain rated as a 10 on a 1-10 pain scale without medications and a 7 on the pain scale with medications. The area of pain was not indicated. His activity level had decreased and his quality of sleep was noted to be fair. The treatment plan included medications. On June 29, 2015, Utilization Review non-certified the request for Oxycodone 30mg #120 and Medrol 4mg Dosepak #1, citing California MTUS Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 MG Tab #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Oxycodone is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. There is no documentation of any benefit. Patient takes oxycodone along with oxycontin (extended release oxycodone) chronically. In combination, pt takes up to 150mg of oxycodone a day which is equivalent to 225mg Morphine Equivalent Dose (MED) a day which exceeds the maximum recommended of 120mg MED as per guidelines. Due to lack of any objective improvement in pain or functional status, excessive dose of opioids and lack of long term plan on opioid therapy, the requested Oxycodone 30mg #120 is not medically necessary.

Medrol 4 MG Dosepak #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints- Thoracic or Lumbar, Corticosteroids.

Decision rationale: MTUS Chronic pain or ACOEM Guidelines do not adequately address this issue. As per Official Disability Guidelines (ODG), corticosteroids may be used under certain criteria. 1) Pt should have clear-cut signs of radiculopathy. Fails criteria due to lack of documentation. 2) Risk of steroid should be discussed and documented. Does not meet criteria. 3) Minimal benefit of steroids should be discussed and documented. Does not meet criteria. 4) Use during acute phase. Fails criteria. Due to poor documentation, the request for Medrol dose pack does not meet criteria for recommendation. Medrol dose pack is not medically necessary.