

Case Number:	CM15-0034390		
Date Assigned:	03/02/2015	Date of Injury:	10/24/2007
Decision Date:	05/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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 61-year-old female who reported an injury on 10/24/2007. The mechanism of injury was not stated. The current diagnoses include low back pain, neuropathic pain, neck pain, and mid back pain. The injured worker presented on 11/17/2014 for a follow-up evaluation. It was noted that the injured worker was utilizing Percocet 10/325 mg, Nabumatome 500 mg, duloxetine 30 mg, trazadone 150 mg, and gabapentin 600 mg. The injured worker also utilized a cane for ambulation assistance secondary to pain. The injured worker reported persistent pain with sleep disturbance. Tenderness was noted upon physical examination. Recommendations included continuation of the current medication regimen, as well as a referral to a pain management specialist for a possible epidural steroid injection. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (percocet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed to respond to non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication for an unknown duration. There is no indication that this injured worker has failed to respond to non-opioid analgesics. A written consent or agreement for chronic use of an opioid was not provided. Previous urine toxicology reports documenting evidence of patient compliance and non-aberrant behavior were not provided. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.