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| Case Number: | CM14-0115739 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 07/28/2009 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 07/23/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male who reported injury on 07/28/2009. The mechanism of injury was the injured worker was adjusting a part and felt a sharp pain in his low back. The medications were noted to include oxycodone/acetaminophen 10/325, Klonopin 0.5 mg, Cialis, trazodone, Pristiq and ibuprofen. The diagnostic studies were noted to include an MRI of the lumbar spine. Prior treatments included an epidural, trochanteric bursa injection and transforaminal epidural steroid injection, medications, physical therapy and working out at the gym. The injured worker's medication history included oxycodone since at least 04/2014. The diagnoses included lumbar/lumbosacral disc displacement, lumbar radiculopathy, myalgia, myositis, chronic sleep disorder and tobacco use disorder. The documentation of 06/10/2014, revealed the injured worker had a complaint of low back pain. The physician had asked the injured worker to come in early to straighten out prescription medication problems. The injured worker was noted to have residual pain. The injured worker was noted to be getting medications from both his primary care physician and the pain management specialist. The injured worker was noted to have had a motorcycle accident with a fracture to his left clavicle and multiple ribs and was given oxycodone. The documentation indicated there was no issue for improper use and the injured worker had been monitored. The request was made for oxycodone/acetaminophen 10/325 #90. The injured worker was noted to have no adverse effects, no aberrant drug behavior and was noted to have a pain level of 8/10 with medications and a 10/10 without medications. The injured worker was noted to have an objective increase in function with medications per the physician documentation. The physical examination revealed the injured worker had difficulty with transfers from sitting to standing. The injured worker had decreased range of motion in flexion and extension in the lumbar spine. The treatment plan included a continuation of

oxycodone 10/325 one tablet 3 times a day as needed for pain dispense 90. There was no Request for Authorization submitted for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-acetaminophen 10/325mg Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-83.

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 MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The duration of use was at least for two months. The clinical documentation submitted for review met the above criteria. While the injured worker was noted to have utilized prescriptions for pain from two physicians, the pain management physician addressed the issue with the injured worker. This request would be supported. However, the request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for oxycodone/ acetaminophen 10/325 quantity 90 is not medically necessary.