

Case Number:	CM14-0117371		
Date Assigned:	08/06/2014	Date of Injury:	01/04/2002
Decision Date:	09/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/25/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 62-year-old female who reported an injury on 01/04/2002 due to walking into the bathroom to clean it and put new toilet paper; there was water on the floor, she slipped and did the splits. Diagnoses were lumbar disc pathology, thoracolumbar radiculopathy, and myofascial pain syndrome. Past treatments have been physical therapy, chiropractic sessions, epidural steroid injections, and home exercise programs. Diagnostic studies were x-rays, and MRI of the lumbar spine. Surgical history was not reported. Physical examination on 07/10/2014 revealed complaints of low back and bilateral hip pain with numbness. It was reported that the pain radiated into bilateral hips, knees, and ankles. Low back pain was rated an 8/10. Examination revealed lumbar facet joints were +1 tenderness and +1 tenderness in the thoracic facets. Range of motion for the lumbar spine was limited. Medications were not reported. The plan was to request physical therapy, and continue medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #46 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet,Ongoing Management Page(s): 75,85,78.

Decision rationale: The request for Oxycodone 10 mg #46 with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend oxycodone/acetaminophen (Percocet) for moderate to severe chronic pain and that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day. The 4 A's for ongoing management of opioids were not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request for Oxycodone 10 mg #46 with 2 refills is not medically necessary.