

Case Number:	CM14-0126865		
Date Assigned:	08/13/2014	Date of Injury:	06/25/2008
Decision Date:	10/14/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 53-year-old female with a 6/25/08 date of injury. At the time (7/18/14) of request for authorization for Oxymorphone Tab 15 mg ER Day Supply # 30 Qty# 90, there is documentation of subjective (neck pain, intermittent arm pain, and right leg weakness) and objective (antalgic gait, cervical paraspinal muscle spasms, trapezius hypertonicity) findings, current diagnoses (lumbar disc displacement and cervical disc displacement), and treatment to date (medications (including ongoing treatment with Opana ER, Celebrex, Medrox ointment, Orphenadrine-Norflex, and Ambien)). Medical report identifies that medications helps reduce overall pain level by over 50% with improvement in activities of daily living; and that without the medication, patient is not able to continue working. In addition, medical reports identify that side effects, risks, and effects of the medication was discussed with the patient. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone Tab 15 mg ER Day Supply # 30 Qty# 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement and cervical disc displacement. In addition, there is documentation of ongoing treatment with Oxymorphone. Furthermore, given documentation of 50% of overall pain reduction and improvement in activities of daily living, there is documentation of functional benefit and increase in activity tolerance as a result of Oxymorphone use to date. However, despite documentation of that functional status, appropriate medication use, and side effects were discussed with the patient, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief. Therefore, based on guidelines and a review of the evidence, the request for Oxymorphone Tab 15 mg ER Day Supply # 30 Qty# 90 is not medically necessary.