

Case Number:	CM14-0140399		
Date Assigned:	09/10/2014	Date of Injury:	08/06/2010
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/29/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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:

The injured worker is a 42-year-old male who reported injuries due to a motor vehicle accident on 08/06/2010. On 10/16/2013, his diagnoses included status post closed cranial trauma in motor vehicle accident with resultant cerebral concussion, cervical spine injury secondary to the motor vehicle accident, and mixed muscle contractions/vascular headache. On 07/30/2014, his diagnoses were expanded to include neck pain based on an MRI of the cervical spine from 08/26/2010, low back pain based on an MRI of the lumbar spine of 08/26/2010, thoracic pain based on an MRI dated 12/21/2011, left knee pain and headaches. On 10/25/2013, his medications included oxycodone 10 mg, Colace 100 mg, Treximet with no dosage noted, Effexor XR 75 mg, and an H wave unit. On 07/30/2014, his medications remained the same with the addition of Naprosyn 550 mg. He was noted to be exercising at a gym regularly and bicycling. The rationale for the requested oxycodone was that it helped significantly with his total back pain. A Request for Authorization dated 08/12/2014 was included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding failed trials of anticonvulsants. There was documentation of side effects, quantified efficacy, and drug screens. There was no frequency specified in the request. Therefore, this request for Oxycodone 10 mg #30 is not medically necessary.

Oxycodone 10mg #30 (DND until 8/30/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding failed trials of anticonvulsants. There was documentation of side effects, quantified efficacy, and drug screens. There was no frequency specified in the request. Therefore, this request for Oxycodone 10 mg #30 is not medically necessary.