

Case Number:	CM14-0161355		
Date Assigned:	10/06/2014	Date of Injury:	04/24/2001
Decision Date:	10/31/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	10/01/2014

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 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 56-year-old male who sustained an injury on April 24, 2001. He is diagnosed with (a) pain secondary to trauma, (b) status post open reduction and internal fixation pelvis, and (c) opioid pain medication risk assessment, moderate due to comorbid obstructive sleep apnea, chronic obstructive pulmonary disease, and failure to take as prescribed. He was seen for an evaluation on August 15, 2014. He complained of pelvic and leg pain. He explained his inconsistent urine drug testing with the presence of hydrocodone. Due to unavailability of his pain medication prior to that visit, he had Norco, which was given by a friend. The examination revealed antalgic, tandem, and unassisted gait. Office policies concerning prescription of opioid pain medications were explained. He signed an opioid prescribing agreement and agreed not to get controlled substances for pain from other providers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325 #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. The clinical case of the injured worker has satisfied neither of these conditions. More so, there was no documentation of the injured worker's subjective and objective response to oxycodone. Hence, the request for Oxycodone 10/325 mg #180 is not medically necessary at this time.