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| Case Number: | CM14-0098535 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 08/16/2006 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/26/2014 |

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old individual was reportedly injured on 8/16/2006. The mechanism of injury occurred when the claimant was crushed between a ditch and asphalt grinder. The most recent progress note, dated 5/15/2014, indicated that there were ongoing complaints of chronic low back pain, bilateral lower leg pain, and severe head trauma. The physical examination demonstrated cervical spine positive tenderness to palpation and pain with range of motion. Lumbar spine had positive tenderness to palpation with limited range of motion due to pain. Decreased sensation to lower extremity with a antalgic gait. No recent diagnostic studies are available for review. Previous treatment included medications, epidural steroid injections, and conservative treatment. A request had been made for oxycodone 30 Mg #90 and was not certified in the pre-authorization process on 5/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.