

Case Number:	CM14-0098821		
Date Assigned:	07/28/2014	Date of Injury:	06/26/1997
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/27/2014

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 and 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 injured worker is a 56-year-old female who was reportedly injured on June 26, 1997. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 9, 2014, indicated that there were ongoing complaints of pain that were noted to be 6/10. There were no new problems or side effects and the quality of sleep was described as fair. The physical examination demonstrated a 5'2", hypertensive (154/88) individual in no acute distress. The lumbar spine examination noted a reduced range of motion and pain with facet loading. The right shoulder demonstrated a positive Hawkin's sign and a positive Speed's test. Left shoulder noted a reduced range of motion. Well healed surgical scars above the left knee were identified. Diagnostic imaging studies reportedly objectified a disc herniation at L4-L5, severe degenerative disc disease and disc desiccation with a herniation at level the distal. Previous treatment included left total knee replacement arthroplasty, physical therapy, multiple medications and pain management interventions. A request was made for Oxycodone and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg, qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: When noting the date of injury, the injury sustained, the multiple interventions completed and the current clinical examination reported and by the previous request for this medication that would modify to allow for a weaning protocol, there is no clear clinical indication presented for the continued use of this medication. Additionally, as noted in the California Medical Treatment Utilization Schedule, this is for the short-term management of moderate to severe breakthrough pain. This medication appears to be chronic, indefinitely prescribed and the agreed upon weaning protocols were not attempted. Therefore, the request is not medically necessary.