

Case Number:	CM14-0195107		
Date Assigned:	12/02/2014	Date of Injury:	02/20/2007
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational 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:

This individual is a 62 year old male, who is treated for chronic spinal and knee pain subsequent to an injury dated 2/20/07. His pain medications are dispensed by a pain management physician and consist of Ambien, Tramadol ER and Oxycodone 30mg QID. There is no detailed documentation of pain relief or functional benefits. In addition, several drug screens have been positive for significant levels of Methadone and it's Metabolites. The use of Methadone is not discussed by the prescribing physician. Medications are office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, dosing, pain treatment agreement Page(s): 92, 86, 76, 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines have very specific standards regarding the responsible prescribing and use of long-term opioids. These standards include obtaining opioids from only 1 prescribing physician, the prescribing physician should review all opioids for legal or illegal use and the prescribing physician should document detailed history regarding the level of pain and

functional benefits. These standards have not been met. The prescribing physician does not discuss the presence and source of Methadone. The prescribing physician does not detail the benefits of the opioids that he dispenses. Under these circumstances, the Oxycodone 30mg. #60 is not supported by Guidelines and is therefore, not medically necessary.