

Case Number:	CM14-0211800		
Date Assigned:	12/24/2014	Date of Injury:	03/07/2008
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old female who reported an injury on 03/07/2008. The mechanism of injury was not provided. The diagnoses included cervical radiculopathy, cervical pain, cervical spondylosis, and shoulder pain. The clinical note dated 11/18/2014 noted the patient complained of pain and poor sleep quality. The current medications include Flector patch, Wellbutrin XL 150 mg, and oxycodone. Upon examination, the clinical findings were limited range of motion of the cervical spine, paravertebral muscle spasm and tenderness, a positive Spurling's maneuver, 5/5 motor strength in the bilateral upper extremities, and decreased sensation over the C6 and C8 dermatomes, with a normal gait. The provider recommended oxycodone HCL 5 mg with a quantity of 120 and 1 refill. The Request for Authorization was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 74-82.

Decision rationale: The request for oxycodone HCL 5mg #120 with 1 refill is not medically necessary. The California MTUS Guidelines recommend opioids for ongoing management of chronic pain. There should be documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker has been prescribed oxycodone since at least 06/2014. The efficacy of the previous use of the medication was not provided to support continued use. Additionally, there is no evidence of a current urine drug screen to document patient compliance to the current medication regimen or evidence that a current pain contract was signed. As such, medical necessity has not been established.