

Case Number:	CM14-0215612		
Date Assigned:	01/05/2015	Date of Injury:	11/09/2009
Decision Date:	03/12/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/23/2014

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
 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 42-year-old male who reported an injury on 11/09/2009. The mechanism of injury was not described. The clinical note dated 12/05/2014, noted patient complaints of flare-up and then back to baseline level of pain. The examination of the lumbar spine noted tenderness to palpation with increased muscle tone in the PSMs. There was a positive bilateral straight leg raise noted. The diagnoses were lumbar degenerative disc disease, lumbago, and other chronic pain. Current medications included Oxy IR and Motrin. The provider recommended Oxy IR 15 mg with a quantity of 120 and 3 refills. The provider's rationale was not provided. The Request for Authorization form 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:

Oxy IR 15mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Oxy IR 15 mg with a quantity of 120 and 3 refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker was noted to have a pain level without medications of 8/10 to 9/10, and with medications 5/10. There was documentation of a recent urine drug screen. However, the results of that drug screen were not provided. There is no evidence that the injured worker had signed a recent pain contract. There were no objective functional improvements noted with the use of the medications. Additionally, opioids are recommended at the lowest dose for the least amount of time, and the guidelines would not support Oxy IR 15 mg with a quantity of 120 and 3 refills. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.