

Case Number:	CM14-0218811		
Date Assigned:	01/08/2015	Date of Injury:	10/08/2008
Decision Date:	05/29/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female who reported injury 10/08/2008. Mechanism was not submitted for review. Diagnoses include diabetes, GERD, peripheral sensitization/neuropathic pain/ neuralgia, neuritis, radiculitis, unspecified, chronic anxiety, depression, seizure disorder and bipolar disorder. Over the course of care, she has been treated with chiropractic 2008, physical therapy and chronic pain program 2009 and injections, February 2014. Current medications include Zarontin, Lyrica, Vivelle-dot, Ativan, Glipizide, Omeprazole, Lexapro, Percocet, Duragesic, Lithate and Latuda. According to a new patient evaluation note by an advanced pain care physician dated November 6, 2014, the injured worker presented requesting evaluation and management for persistent pain in the pelvis rated 4/10. Her medications provide some relief allowing for activities of daily living. Pain is increased with prolonged sitting, walking and staying active and relieved with rest. Physical examination reveals the injured worker is 5 feet 5 inches and 275 pounds. There is tenderness and chronic pain in iliolumbar and iliohypogastric and genitofemoral distribution consistent with chronic pain from peripheral sensitization. On 12/11/2014, the injured worker was seen in a follow-up appointment and complained of groin pain, which she rated at 3/10. The submitted progress note did not indicate any objective physical findings. On 11/06/2014, the injured worker underwent a urinalysis, which revealed that the injured worker was inconsistent with prescription medications. The medical treatment plan is for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, Opioids, dosing Page(s): 60, 78, 86.

Decision rationale: The request for oxycodone/acetaminophen 10/325 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dose of opiates should not exceed 120 mg oral morphine equivalents per day. The submitted documentation indicated that the injured worker had groin pain, which she rated at 3/10. However, there were no objective physical findings on the progress note. It was also noted that the injured worker was able to perform activities of daily living with the use of medications. However, urinalysis/drug screen obtained on 11/06/2014, showed that the injured worker was noncompliant with prescription medications. Additionally, there were no assessments submitted in the progress notes indicating what pain levels were before, during and after medication administration. Furthermore, the request, as submitted, did not specify a frequency of the medication. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.