

Case Number:	CM15-0014684		
Date Assigned:	02/02/2015	Date of Injury:	06/05/2010
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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 64-year-old male who reported an injury on 06/05/2010. The mechanism of injury was not specifically stated. The current diagnoses include insomnia and chronic pain. The injured worker presented on 02/03/2015 for a followup evaluation. The current medication regimen includes Abilify 5 mg, clonazepam 1 mg, Cymbalta 60 mg, Lyrica 100 mg, Norco 10/325 mg, oxycodone 30 mg, Protonix 40 mg, and Ambien 12.5 mg. Upon examination, there was limited rotation of the thorax with tenderness to palpation along the left costal margin. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 02/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication since at least 07/2014. There is no documentation of objective functional improvement. It is noted that the injured worker is also utilizing Norco 10/325 mg. The medical necessity for oxycodone 30 mg has not been established in this case. There is also no frequency listed in the request. Previously urine toxicology reports documenting evidence of injured worker compliance and nonaberrant behavior were not provided. Given the above, the request is not medically appropriate at this time.