

Case Number:	CM15-0023013		
Date Assigned:	02/12/2015	Date of Injury:	11/06/1986
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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 61-year-old male who reported an injury on 11/06/1986. The mechanism of injury involved a fall. The current diagnoses include low back pain and depression with anxiety. The injured worker presented on 11/17/2014 for a follow-up evaluation with complaints of persistent neck and low back pain. The injured worker also reported numbness in the left lower extremity with prolonged standing. The current medication regimen includes Norco 10/325 mg. There was no physical examination provided. Recommendations included continuation of the current medication regimen with the exception of Zanaflex and Lexapro. A random urine drug screen was obtained in the office as well. A Request for Authorization form was then submitted on 12/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10/325mg: 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 patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker utilizes hydrocodone/APAP 10/325 mg. There is no indication that this injured worker is utilizing oxycodone/APAP. The injured worker has utilized opioid medications since at least 06/2014; however, there is no documentation of a written consent or agreement for chronic use of opioid medication. The request as submitted failed to indicate a frequency or quantity. Given the above, the request is not medically appropriate.