

Case Number:	CM15-0026281		
Date Assigned:	02/18/2015	Date of Injury:	02/19/2010
Decision Date:	04/02/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii
 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 52 year old female injured worker suffered an industrial injury on 2/19/2010. The diagnoses were lumbar disc disorder, lumbar facet syndrome, low back pain, cervical facet syndrome, cervical pain and cervical spondylosis. The diagnostic studies were cervical magnetic resonance imaging, x-rays and electromyography/nerve conduction velocity. The treatments were medications. The treating provider reported the pain without medications is 9/10 and with medications 7/10. She reported the quality of sleep is poor. On exam there was reduced range of motion to the cervical spine with tenderness and muscle tightness. The lumbar spine has reduced range of motion. The Utilization Review Determination on 1/8/2015 non-certified Oxycodone 15mg # 90 modified to #80, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg # 90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The patient presents with low back and neck pain. The current request is for Oxycodone 15mg #90. The treating physician states: Patient rates her pain with medications as 7 on a scale of 1 to 10. Patient rates her pain without medications as 9 on a scale of 1 to 10. Patient feels like Oxycodone is less effective than Percocet but wants to continue with Oxycodone. MTUS page 92 recommends Oxycodone-acetaminophen for the treatment of pain. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS on page 78 also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this case, the treating physician has documented a decreased pain level with medication, there is documentation of an increase in physical activity and the patient has no adverse effects or behaviors caused by the medication. The current request is medically necessary and the recommendation is for authorization.