MAXIMUS Federal Services

Case Number:	CM15-0036540		
Date Assigned:	03/05/2015	Date of Injury:	12/18/2006
Decision Date:	05/07/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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 56-year-old male who reported an injury on 09/13/2006. The mechanism of injury was not provided. The documentation of 01/21/2015 revealed the injured worker had tenderness and spasms of the cervical paravertebrals as well as trapezius. The injured worker had decreased range of motion of the cervical spine in extension, bilateral lateral rotation, and lateral flexion. Examination of the right shoulder revealed restricted range of motion in flexion, extension, and abduction. The injured worker had a positive Neer's, Hawkins, and cross adduction test. The examination of the lumbosacral spine revealed the injured worker's gait was slightly antalgic. The injured worker was walking with a single point cane and was unable to walk on his tippy toes as well as heel. The injured worker had exquisite tenderness at L4-5 on deep palpation, as well as bilateral posterior, superior iliac spine. Diagnoses included lumbar strain, lumbar radiculitis, lumbar disc disease, insomnia, possible drug reaction to the kidneys, severe depression, right shoulder sprain, and partial rotator cuff tear. The injured worker was noted to undergo a urine toxicology screen and was utilizing oxycodone 30 mg 1 every 6 hours for severe pain and OxyContin 80 mg 1 every 12 hours for breakthrough pain. Other medications include Cymbalta 60 mg 1 by mouth every day and Levitra 20 mg as needed. There was a Request for Authorization submitted for review dated 01/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycondone 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use Page(s): 76-80.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review failed to provide documentation of objective improvement in function and an objective decrease in pain. There was a lack of documentation of side effects. If the injured worker took the medications as prescribed, the daily morphine equivalent dosing would be 420 mg, which exceeds guideline recommendations. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Oxycodone 30 mg #120 is not medically necessary.