

Case Number:	CM15-0046654		
Date Assigned:	03/18/2015	Date of Injury:	12/22/2005
Decision Date:	04/23/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/11/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 51 year old female who sustained a work related injury on December 22, 2005, incurring lower back injuries. She was diagnosed with lumbar disc disease and radiculitis with lumbar myofascial pain. Treatment included pain medications, restrictions, and physical therapy. Last progress note dated 2/9/15, the injured worker complained of constant pain into her lower back with radiation into both legs. Pain is "unchanged." Provider complains of medication "keeps getting" denied. No physical exam was documented. Last physical exam documented was from 1/15/15 and only noted tenderness to lumbar spine. Multiple requests for oxycodone have been denied but there is no response or attempt by provider to correct underlying deficiencies in documentation. Last urine drug screen was from 7/2/14 and was appropriate. No medication list was provided. Only medication listed as Oxycodone and Lyrica. The treatment plan that was requested for authorization included Oxycodone IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: Oxycodone is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Provider has failed to document support for continued opioid therapy. Provider has consistently failed to document any criteria needed to recommend continuation of opioid therapy for at least 6months. Patient has been on opioids chronically with no objective documented improvement in pain or function with current medication regiment. There is no pain scale documented anywhere, no documentation of screening for abuse except for urine drug screening and no screening for side effects. Provider's poor documentation continue to fail to support prescription for continued opioid therapy. Therefore, this request is not medically necessary.