

Case Number:	CM15-0073059		
Date Assigned:	04/23/2015	Date of Injury:	12/18/2000
Decision Date:	05/22/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/16/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 63-year-old male, who sustained an industrial injury on 12/18/2000. The medical records submitted for this review included references to a non-industrial automotive injury from 2008; however, did not include details regarding the initial injury or prior treatments to date. Diagnoses include herniated nucleus pulposus. Currently, he complained of worsening pain and spasm with decreased range of motion and decreased ability to complete activities of daily life. On 2/23/15, the physical examination documented abnormal ambulation, increased muscle spasm and tightness. The plan of care included a consultation and a prescription of oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going Management Page(s): 78 - 79.

Decision rationale: The patient is a 63-year-old male with an injury on 12/18/2000. He has pain, tightness and muscle spasm. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Oxycodone is not medically necessary and the patient should be weaned.