

Case Number:	CM15-0076217		
Date Assigned:	04/27/2015	Date of Injury:	10/10/2000
Decision Date:	06/08/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/21/2015

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: 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 injured worker is a 47 year old male who sustained an industrial injury on October 10, 2000. He has reported injury to the back and has been diagnosed with other chronic pain and lumbago. Treatment has included medications. Recent progress note noted the injured worker as alert and conversant with no negative effects of medications. The treatment request included oxycodone 30 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 88, 89.

Decision rationale: The patient was injured on 10/10/2000 and presents with chronic pain and lumbago. The request is for OXYCODONE 30 mg #240. There is no RFA provided, and the patient is to return to full duty on 03/19/2015. The patient has been taking oxycodone as early as

09/11/2014. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "criteria for use of opiates for long-term users of opiates (6 months or more)" states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, none of the 4 As are addressed as required by MTUS Guidelines. The treater does not provide any before - and - after pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There is no pain management issues discussed such as urine drug screens, CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested oxycodone IS NOT medically necessary.