

Case Number:	CM13-0036441		
Date Assigned:	12/13/2013	Date of Injury:	01/18/2010
Decision Date:	02/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56 year old male with complaints of continuing back, neck, and shoulder pain. Injury occurred on January 18, 2010 when he lifted a trash can (weight unknown). Cervical spine x-rays showed multiple levels of spondylosis with anterior osteophyte at C3-4, multi-level disc narrowing at C4-5 and C5-6, and intervertebral instrumentation at C6-7. Diagnoses included cervalgia and cervical radiculopathy. Treatment included spinal surgery, physical therapy, acupuncture, spinal stimulator, and medications. Request for authorization for oxycodone 30 mg, # 120 was submitted on September 12, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30 mg qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment

plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. In this case the medication was not prescribed for short term use and the criteria for opioid use were not met. In addition, dosing requirements for opioids recommend that dosing not exceed 120 mg oral morphine equivalents daily. The Morphine Equivalent Dosing factor for oxycodone is 1.5. The patient's prescribed dose of oxycodone in this case is 120 mg, which is 180 mg oral morphine equivalents. This dosing is in excess of the recommended daily dosing of 120 mg oral morphine equivalents.