

Case Number:	CM13-0057606		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2013
Decision Date:	07/29/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California 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/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:

This 41 year old old male claimant sustained a work related car accident on 8/6/13 involving the head, back, and neck. He had a diagnosis of thoracic spine fracture, multiple contusions, posttraumatic stress disorder, and concussion. He had undergone rehabilitation as well as home exercise to improve his activities of duty living. He had initially taken a muscle relaxant (Flexeril), and a tricyclic antidepressant (amitriptyline) for pain management. A progress note on September 26, 2013 indicated that physical therapy had not helped him much. He has a chronic pain despite being off of work for more than seven weeks. The amitriptyline has helped his insomnia. He wished to try Norco. The treating physician recommended the extension of physical therapy and initiated Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE-ACETAMINOPHEN (PERCOCET/ENDOCET) 5-325MG ORAL TAB, TAKE 1 TO 2 TABLETS ORALLY EVERY SIX HOURS AS NEEDED FOR PAIN:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as a first-line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In addition, when initiating opioids, the lowest dose should be considered before escalating. In this case, the claimant was started on a higher dose of oxycodone than the traditional 5mg. In addition, hydrocodone was not considered as a less potent option. The initiation of Oxycodone is not medically necessary.