

Case Number:	CM14-0102568		
Date Assigned:	07/30/2014	Date of Injury:	10/03/2012
Decision Date:	11/07/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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:

The claimant is a 35 year old male presenting with chronic pain following a work related injury on 10/03/2012. On 08/01/2014, the claimant reported low back pain and leg pain. The claimant reported increasing pain and paresthesias. The physical exam showed limited range of motion of the bilateral lower extremity due to pain, worsened during flexion, and straight leg raise positive for pain bilaterally. The claimant's medications included Celebrex, Lyrica and Percocet 5/325mg three times per day. The claimant was diagnosed with chronic pain, lumbosacral neuritis, sciatica and spondylolisthesis. The EMG/NCV showed idiopathic bilateral axonal superficial peroneal neuropathies. A claim was made for Percocet 5/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 5/325mg, qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Oxycodone/APAP 5/325mg, qty 60 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no

overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of documentation of improved function with this opioid. It is more appropriate to wean the claimant of this medication to avoid side effects of withdrawal. In fact, the claimant was designated permanent and stationary; therefore the request for Oxycodone/APAP 5/325mg is not medically necessary.