

Case Number:	CM14-0156216		
Date Assigned:	09/25/2014	Date of Injury:	04/09/2001
Decision Date:	10/27/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/24/2014

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 Geriatrics 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 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 injured worker is a 48 year old man with a date of injury of 4/9/01. He was seen by his physician on 7/18/14 with complaints of severe neck pain status post fusion of C4-5, C5-6 and C6-7 and cervical neurotomy. He was said to be housebound due to pain. His medications included oxycontin 60mg q 6 hours, oxycodone 15mg q 6 hours on a prn basis, and ibuprofen. His exam showed a stiff and rigid neck with minimal range of motion and pain with palpation over the facets at C3-4 and C7-T1. Arm strength and sensation were intact. His diagnoses were facet syndrome cervical C3-4 and C7-T, arthrodesis of C4-5, C5-6 and C6-7 and neuropathic pain. Cymbalta was prescribed for neuropathic pain. At issue in this review is the prescription / refill for oxycodone 15mg with two refills. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg With Two Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 48 year old injured worker has chronic back pain with an injury sustained in 2001. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics and NSAIDs. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 7/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use of prn oxycodone. It also does not document the frequency of use of this prn medication in addition to oxycontin q 6 hours. The medical necessity of oxycodone 15 mg with two refills is not substantiated in the records.