

Case Number:	CM14-0176161		
Date Assigned:	10/29/2014	Date of Injury:	10/15/2008
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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 is a patient with a date of injury of October 15, 2008. A utilization review determination dated October 7, 2014 recommends noncertification of Oxycodone. Noncertification was recommended due to lack of documentation of objective and functional response. A progress report dated September 23, 2014 identifies subjective complaints of neck pain, occipital headache, low back pain, buttock pain, and bilateral thoracic pain. The patient has nausea due to his medications. Current medications include Neurontin, Soma, Ambien, Lidoderm, Celebrex, Omeprazole, medical THC, and Oxycodone. Prior medications include Vicodin, Celebrex, Tramadol, Norco, and Ondansetron. Physical examination finding reveals tenderness around the cervical facet joint and lumbar facet joints with decreased range of motion in all directions. Diagnoses include cervical facet joint pain, cervical disc protrusion, lumbar facet joint pain, chronic neck pain, and chronic low back pain. The treatment plan recommends cervical radiofrequency, and continuing the patient's current medications. The note indicates that the risks and benefits of long-term opiate use were described to the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg #90: 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): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Oxycodone (Roxicodone), California Pain Medical Treatment Guidelines state that Oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Oxycodone (Roxicodone) is not medically necessary.