

Case Number:	CM14-0176600		
Date Assigned:	10/29/2014	Date of Injury:	10/06/2000
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/24/2014

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 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:

64 yr. old male claimant sustained a work injury on 10/6/2000 involving the low back foot and neck. He had been on Percocet and Oxycontin for pain since at least 2012 and Oxycodone since at least 2013. A progress note on 8/6/14 indicated the claimant had persistent 9/10 pain without medications. Exam findings were notable for a positive straight leg raise, tenderness in the paraspinal regions of the lumbar spine with limited range of motion and an antalgic gait. The treating physician continued the claimant's Percocet 10 /325 mg every 6 hours. A progress note on 9/4/14 indicated the claimant similar symptoms and exam findings. He was placed on Oxycodone 10 mg every 6 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 1st 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 this case, the claimant had been on Oxycodone or its equivalent (Percocet) for years without significant improvement in function. The continued use of Oxycodone is not medically necessary.