

Case Number:	CM14-0032223		
Date Assigned:	06/25/2014	Date of Injury:	10/21/2001
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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, has a subspecialty in Preventative 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 50 year old old female sustained a work injury on 10/21/01 resulting in chronic back and shoulder pain. She had a diagnosis of lumbar radiculopathy and underwent a laminectomy for which she had developed pos-laminectomy syndrome, Her pain had been managed with Fentanyl Fentanyl patches, Gabapentin, Cymbalta, Trazadone and Oxycodone/ acetaminophen 10/325 mg. A progress note on 1/6/14 noted that the claimant had reduced her Fentanyl from 100mcg/hr to 50 mcg/hr. At the time her pain was 7/10. A progress note on 2/4/14 indicated she was on the above medications including a monthly quantity of 240 Oxycodone/Acetaminophen. This dose was continued for several months. Her uine toxicology screens have been appropriate. A progressn ote on 4/5/14 had noted continued joint and back pain of 7/10 which had been at the same level for several months. The similar dose and quantity of Oxycodone were continued. On 4/15/14, the treating physician appealed to continue the Oxycodone with a quantity of 100 to help he claimant wean off the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-acetaminophen (dosage 10-325mg tablet SIG: take 1-2 tablet by mouth every 4 hours 30 dispense: 240 Note: max 8/day) RECOMMENDED ONLY FOR WEANING:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 6, page 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid weaning Page(s): 124.

Decision rationale: In this case, the taper was mentioned in the appeal letter by the physician, not in the original progress note. In addition, there is no mention of clear weaning instruction, weekly office visit planning or withdrawal assessment scales. Based on the above, a tapered dose schedule of Oxycodone as noted above is not medically supported.