

Case Number:	CM14-0039772		
Date Assigned:	06/27/2014	Date of Injury:	08/23/2005
Decision Date:	08/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/04/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 53-year-old female who reported an injury 08/23/2005. The mechanism of injury was not provided within the records. The clinical note dated 06/05/2014 indicate diagnoses of status post cervical discectomy and fusion at C5-6 with initially delayed fusion or nonunion, lower back pain with radicular symptoms with neurogenic claudication and leg cramps, depression and anxiety disorder, elevated liver enzymes with negative hepatitis panel. The injured worker reported constant pain in her back and both hips that radiated down the left leg with muscle spasms that were involuntary at night that kept her awake with severe cramps in her left leg. The injured worker reported she could not function without pain medication. She rated her pain 8/10, at best 5/10 with medication, at worst 10/10. The injured worker reported using oxycodone and reported functional improvement with medication. The injured worker reported at times involuntary tremors in the left leg that she could not control, although she put pressure on the leg to try to get them to stop. The injured worker reported she was using Wellbutrin for depression and it had been working better for her. The injured worker reported she had been trying to get outside and exercise again. On physical examination of the lower back, the injured worker had limited range of motion and ambulated with a limp. The injured worker's neck range of motion was limited. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy and medication management. The injured worker's medication regimen included Wellbutrin, Celebrex and oxycodone. A Request for Authorization dated 06/09/2014 was submitted for oxycodone; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Release 15 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 210 Revision, Web Edition Official Disability Guidelines :Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Ongoing Management Page(s): 75,86,78.

Decision rationale: The request for Oxycodone Release 15 mg #120 is non-certified. The California MTUS guidelines recommend oxycodone for moderate to severe chronic pain and that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The documentation submitted did not indicate how long the injured worker had been prescribed this medication, however, this medication is for short term use and the injured worker has been utilizing this medication since at least 03/2014 this exceeds the guidelines recommendation on short term use. In addition, the provider did not indicate a rationale for the request. Moreover, the request does not indicate a frequency. Therefore, the request is non-certified.