

Case Number:	CM14-0040539		
Date Assigned:	06/20/2014	Date of Injury:	11/04/2009
Decision Date:	08/20/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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:

50 yr. old male claimant sustained a work injury on 11/4/09 resulting in a spinal cord injury and post-laminectomy syndrome. He developed progress weakness over time, which resulted in falls involving injuries to his neck, knees, hands and elbows. His pain and activities had been managed with Oxycontin 40 mg BID and Oxycodone 15 g QID since at least August 2013. A progress note on 1/30/14 indicated he had decreased pain since prior visits. Exam findings were notable for an unsteady antalgic gait. He had cervical spine pain which reduced his range of flexion to 30 deg and extension to 35 deg. These findings were unchanged since August 2013. There was paravertebral tenderness in the thoracic spine. He was continued on the same dose of Oxycontin and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120, 30 day supply MED 270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, the maximum recommended dose of daily morphine equivalent is 120 mg. The combined use of Oxycontin and Oxycodone exceeds this amount. In addition, there was no improvement in function. Pain scores were not provided to indicate objective differences in pain over 6 months. The medications were not altered, tapered or modified over time. Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 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. The continued use of Oxycodone is not medically necessary.