

Case Number:	CM14-0048947		
Date Assigned:	06/25/2014	Date of Injury:	09/26/2006
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/26/2014

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 and is licensed to practice in Illinois. 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 43 year old male with a reported injury date of 09/26/2006. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/28/2014 reported that the injured worker complained of cervical spine pain that radiates down to his hands and fingertips with numbness, tingling, and weakness sensation. The physical examination of the injured worker's cervical spine revealed decreased lordosis with tenderness to palpation and spasms over the cervical paraspinal muscles. The injured worker's cervical spine range of motion demonstrated flexion to 30 degrees, extension to 60 degrees, lateral flexion to the right and left to 30 degrees, and left and right lateral rotation to 70 degrees. It was reported that the injured worker had decreased sensation along the L5 dermatomes to the right. The injured worker's diagnoses included cervical disc disease, cervical radiculopathy, status post lumbar fusion, and lumbar radiculopathy. The injured worker's prescribed medication list included Norco, Oxycodone, Fioricet, and Protonix. The provider requested oxycodone 20 mg. The rationale was not provided within the clinical notes. The Request for Authorization was submitted on 03/17/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg #60: 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 Oxycodone, page 97, and Opioids, criteria for use Page(s): 78.

Decision rationale: The injured worker complained of low back pain that radiated down to bilateral lower extremities. The treating physician's rationale for oxycodone was not provided within the clinical notes. The MTUS Chronic Pain Guidelines state oxycodone is a potentially addictive opioid analgesic medication, and it is a Schedule II controlled substance. The MTUS Chronic Pain Guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of clinical information provided documenting the efficacy of oxycodone as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. As such, the request is not medically necessary and appropriate.