

Case Number:	CM13-0027306		
Date Assigned:	06/06/2014	Date of Injury:	12/05/1996
Decision Date:	11/10/2015	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 male (age not indicated in records) who sustained an industrial injury on 12-5-96. A review of the records indicates he is undergoing treatment for lumbago with bilateral radiculopathy, failed back surgery syndrome, status post spinal cord stimulator implant, cervicgia with radiculopathy - currently non-industrial, right foot fracture, chronic dental problems, reactive depression and anxiety, revision of pulse generator - previous electrodes left in place, 7-1-13. Medical records (8-27-15) indicate complaints of pain, rating "5-6 out of 10". The records indicate that he is "currently experiencing improvement in his general pain scores and this has a positive effect on his general function and activities of daily living". The records also indicate he is "currently receiving very good coverage and significant pain control benefits from the unit (spinal cord stimulator)." The treating provider indicates that he continues to use Avinza for baseline pain, Oxycodone, and Norco for general pain and pain flares. He also receives Soma for muscle spasms. The physical exam reveals "some sciatic notch tenderness bilaterally, as well as focal tenderness over the facets with a "positive facet provocation" and tenderness over the sacroiliac joints." The straight leg raise is positive with a positive Lasegue's bilaterally. A sensory deficit is noted in the left lower extremity over L4, L5, and S1 dermatomes. Motor weakness is noted in the left ankle in dorsiflexion rated "5 out of 5". Weakness is noted in the quadriceps and hamstring muscles on the left side. Decreased range of motion is noted of the lumbar spine on flexion, extension, and lateral rotation. He complains of pain in flexion and extension. He is noted to have a shuffling gait and walks with a cane. His medications include Avinza ER 120mg, 3 tablets daily, Norco 10-325m, 1-2 tablets every 3-4

hours as needed, Oxycodone 30mg, 1-2 tablets every 3-4 hours as needed, Soma 350mg, 1-2 tablets three times daily for spasms and pain, Ambien 10mg at bedtime, and Omeprazole 20mg twice daily. The utilization review (9-12-13) includes a request for authorization for Oxycodone 30mg, 1-2 tablets every 3-4 hours #240. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg # 240 (1-2 tablets every 3-4 hours and a maximum of 8 tablets per day) for the management of symptoms related to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

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 for over a year in combination with Norco. There the combined doses exceeded the 120 mg of Morphine equivalent recommended on a daily basis. The continued use of Oxycodone is not medically necessary.