

Case Number:	CM14-0197198		
Date Assigned:	12/05/2014	Date of Injury:	10/12/2000
Decision Date:	09/15/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female, who sustained an industrial injury on 10-12-2000. Diagnoses have included lumbar degenerative disc disease and reflex sympathetic dystrophy. Treatment to date has included medication. According to the progress report dated 10-29-2014, the injured worker complained of ongoing pain, stable with medication. She complained of bilateral neck and lumbar spasms. She rated her current pain as seven out of ten on a good day and nine out of ten on a bad day. Exam of the cervical spine revealed mild, bilateral paracervical tenderness, right greater than left. Exam of the lumbar spine revealed bilateral paralumbar tenderness and spasm. Authorization was requested for Oxycodone HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg, #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2000 and continues to be treated for chronic pain including a diagnosis of CRPS. When seen, pain was rated at 8/10. There was cervical and lumbar tenderness and lumbar paraspinal muscle spasms. There was decreased right upper extremity sensation. There were findings consistent with bilateral upper extremity CRPS. There was an antalgic gait. OxyContin and oxycodone prescribed at a total MED (morphine equivalent dose) of 480 mg per day. OxyContin was being prescribed with dosing instructions of 80 to 160 mg Q12 hours. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is four times that recommended and the claimant has ongoing severe pain. There are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.