

Case Number:	CM14-0208094		
Date Assigned:	12/22/2014	Date of Injury:	01/05/2010
Decision Date:	02/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of January 5, 2010. A utilization review determination dated December 2, 2014 recommends modified certification of oxycodone. A progress report dated October 10, 2014 identifies subjective complaints of restricted right range of motion with radiating numbness down the right upper extremity into the fingers. The patient has G.I. upset with Butrans patch and uses Lidoderm patches with some relief. She underwent physical therapy and has previously noted pain reduction and improvement in flexibility. Current medications include Butrans, Lidoderm, Norco, and Advil. Physical examination findings reveal spasm and tenderness over the cervical muscles with trigger points noted. The patient has reduced strength in the right upper extremity and decreased sensation in the C-5 distribution on the right. Diagnoses include cervical radiculopathy and cervical disc disorder. The treatment plan recommends a trigger point injection, MRI, and continue medications. The note states that Norco is on hold "patient has not been using short-acting opioid pain medication." The note goes on to state "no oral pain medications being prescribed." A progress report dated November 14, 2014 indicates that physical therapy is not helping. The treatment plan recommends a trial of oxycodone. The note indicates that the risks and benefits of the medication have been described to the patient and that the patient has been instructed to exercise as tolerated. Urine drug screens were previously performed and appear to have been consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 OF 127.

Decision rationale: Regarding the request for oxycodone (Roxicodone), California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that the request is for a trial of oxycodone. There is documentation of functional deficits and failure of other treatment options. Additionally, the risks and benefits of the medication have been described to the patient, the patient has previously been compliant with medication use, and urine drug screens have been consistent. Therefore, a trial of oxycodone is a reasonable next treatment option. As such, the currently requested oxycodone is medically necessary.