

Case Number:	CM14-0217613		
Date Assigned:	01/07/2015	Date of Injury:	03/13/2007
Decision Date:	02/28/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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: 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 59 year old male with a date of injury of March 13, 2007. Results of the injury include the lower back. Diagnosis include post laminectomy syndrome lumbar region, stable, chronic pain syndrome, stable, degenerative lumbar disc, stable, low back pain, stable. Treatment has included visteral, oxycodone, butrans patch, savella, prilosec, and senokot. The claimant had been on other forms of opioids/Oxycodone since at least 2013 including Percocet. Medical Imaging was not provided. Progress report dated January 28/2015 noted the lumbar spine to be decreased with painful range of motion. Treatment plan included Butrans patch, oxycodone, pamelor, savella, prilosec, visteral, senokot, gralise, and home exercise and stretching. His meds decreased his pain from 9/10 to 7/10. Work status was noted as permanent and stationary. Utilization review form dated December 23, 2014 modified oxycodone 10 mg # 60 according to MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #60: Upheld

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

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

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 opioids for a years without significant improvement in pain or function. The continued use of Oxycodone is not medically necessary.