

Case Number:	CM15-0103146		
Date Assigned:	06/05/2015	Date of Injury:	10/09/2009
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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 61 year old male, who sustained an industrial injury on 10/09/2009. He has reported subsequent back, hip and knee pain and was diagnosed with cervicalgia and lumbar or thoracic radiculopathy. Treatment to date has included oral and topical pain medication. In a progress note dated 04/27/2015, the injured worker complained of back, hip and knee pain that was rated as 8/10. Objective findings were notable for a mildly antalgic gait. The physician noted that the injured worker's last urine drug screen was positive for THC but appropriate for opiates and that he had taken Oxycodone for the past several days due to running out of Norco. A request for authorization of a trial of Oxycodone was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10 mg Qty 90, take 3 times daily: Overturned

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

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

Decision rationale: The claimant sustained a work-related injury in October 2009 and continues to be treated for low back, hip, and knee pain. When seen, Norco had been a treatment failure. There was a mildly antalgic gait. Pain was rated at 8/10. There was significant functional limitations with decreased sitting and standing tolerances. Norco was discontinued and oxycodone was prescribed at a total MED (morphine equivalent dose) of 45 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and Norco at a lower MED had been a treatment failure. The total MED was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of oxycodone was medically necessary.