

Case Number:	CM15-0130201		
Date Assigned:	07/16/2015	Date of Injury:	08/21/2003
Decision Date:	08/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/03/2015

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: 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 an industrial injury dated 08/21/2003. His diagnoses included disc disorder (cervical), cervical pain and cervical radiculopathy. Prior treatment included pain medications, pain cream, diagnostics, daily stretching program and riding a bicycle. He presented on 06/06/2015 with complaints of neck and right shoulder pain rated as 5 on a scale of 1-10. He rates pain without medications as 6 on a scale of 1-10. The injured worker's activity level had decreased. Medication side effects included periodic acid reflux. Physical exam noted normal gait without assistive devices. Cervical spine range of motion was restricted with pain. Inspection of the right wrist joint revealed no erythema, swelling, atrophy or deformity. Range of motion was restricted with pain. The injured worker was riding his bicycle three times per week for 12 miles each time for 45 minutes each session. He has a daily stretching program and uses an electric massager on his neck in the mornings. The treatment request for labs of hepatic function panel and renal panel were authorized. The treatment request for review is Oxycodone HCL (hydrochloride) 5 mg quantity 60, one by mouth twice daily as needed for pain. The provider documents with medications the injured worker reports decreased pain and improved daily function. The provider documents recent urine drug screen was positive for ethyl alcohol. The provider documented discussion with the injured worker if any future urine toxicology screen appears again with alcohol there will be an immediate stop to any opiate medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL (hydrochloride) 5 mg Qty 60, 1 by mouth twice daily as needed for pain:
Upheld

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

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 Norco in the past along with NSAIDs and topical analgesics. The use of topical analgesics reduced the use of Norco. The claimant had stopped NSAIDS without justification. The treating physician initiated Oxycodone without substantiation. There was no mention of Tylenol failure. No one opioid is superior to another. The use of Oxycodone is not medically necessary.