

Case Number:	CM15-0134745		
Date Assigned:	07/23/2015	Date of Injury:	04/10/2006
Decision Date:	09/18/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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: New Jersey

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 33-year-old female, who sustained an industrial injury on April 10, 2006. She reported mid back pain, bilateral knee pain and left leg pain. The injured worker was diagnosed as having left-sided thoracic facet mediated pain, bilateral knee pain and thoracic myofascial pain. Treatment to date has included diagnostic studies, radiographic imaging, thoracic radiofrequency ablation, physical therapy, home exercises, medications and work restrictions. Currently, the injured worker complains of continued mid back pain, bilateral knee pain and left lower extremity pain. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 5, 2015, revealed continued pain as noted. She reported her mid back pain has been significantly increased. She rated her pain at 8 on a 1-10 scale with 10 being the worst. She noted feeling like her spine was slipping out of place. She noted her left leg pain has also increased since her last magnetic resonance image (MRI) in 2007. There were no copies of the MRI results from 2007. She reported up to 6 months benefit with previous radiofrequency ablation. Gabapentin, Ibuprofen and Percocet were continued. Her employment status is disabled. Evaluation on February 2, 2015, revealed continued pain as noted. It was noted she had a marked antalgic gait. Straight leg test was negative. She rated her pain at 7 on a 1-10 scale with 10 being the worst. Medications were continued. Evaluation on April 22, 2015, revealed continued severe pain rated at 9 on a 1-10 scale with 10 being the worst. Medications were continued. Evaluation on May 20, 2015, revealed continued pain as noted with increased left knee pain. She rated her pain at 6 on a 1-10 scale with 10 being the worst. Oxycodone IR

(immediate release) 15mg tablets, 1-2 tablets every 4-6 hours as needed, #240 with no refills was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR (immediate release) 15mg tablets, 1-2 tablets every 4-6 hours as needed, #240 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Oxycodone/acetaminophen (Percocet; generic available); Opioids, criteria for use; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, and after switching from Percocet to oxycodone IR, there was only limited and vague reports of benefit over Percocet, with the notes stating, "the change to oxycodone IR was very well tolerated and provided better pain relief and lasted longer than the Percocet." However, there was no measurable functional gains or pain levels before and after the change to quantify this benefit in order to justify the continuation of the oxycodone IR. Therefore, the request for oxycodone IR will be considered medically unnecessary at this time, until more specific reports of functional and pain reduction benefit are included in the notes provided for review.