

Case Number:	CM15-0135226		
Date Assigned:	07/23/2015	Date of Injury:	06/10/2006
Decision Date:	08/19/2015	UR Denial Date:	06/29/2015
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: 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:

This injured worker is a 48 year old female who reported an industrial injury on 6/10/2006. Her diagnoses, and or impression, were noted to include: failed lumbar surgery syndrome; chronic pain syndrome; cervicobrachial syndrome; and mood adjustment disorder. No current electrodiagnostic or imaging studies were noted. Her treatments were noted to include medication management with high doses of Opioid therapy; and rest from work as she is noted to be permanently disabled. The progress notes of 6/4/2015 reported complaints of constant, moderate-severe pain in the neck, back and shoulder which radiated down the upper and lower extremities, was aggravated by activities, interfered with sleep, and caused weight gain. Objective findings were noted to include noting no apparent distress; palpable trigger points in the splenius capitis region, upper/lower trapezius region, steno-cleidomastoid area, and gluteus medius region; decreased cervical and lumbar lordosis; decreased cervical and lumbar range-of-motion; paresthesias in the upper and lower extremities; decreased deep tendon reflexes in the lower bilateral extremities; and positive Adson's, sacroiliac joint compression, bilateral slump and facet maneuver's tests. The physician's requests for treatments were noted to include Oxycodone Hydrochloride.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 75mg #240: 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 on Oxycodone forever 6 months without routine documentation of pain reduction scores while on medications. In addition, the total Oxycodone daily dose exceeded the daily Morphine equivalent recommended of 120 mg. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Oxycodone is not medically necessary.