

Case Number:	CM15-0136446		
Date Assigned:	07/24/2015	Date of Injury:	08/14/2014
Decision Date:	08/21/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/14/2015

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 38 year old male, who sustained an industrial injury on August 14, 2014. The injured worker reported falling with loss of consciousness. The injured worker was diagnosed as having lumbago, lumbar fusion, post concussive syndrome, cervical radiculopathy, chronic narcotic use, suicidal ideation and depression. Treatment to date has included magnetic resonance imaging (MRI), epidural steroid injection, pain management and lumbar fusion. A progress note dated May 19, 2015 provides the injured worker complains of neck, right upper extremity, back and lower extremity pain. He rates cervical pain 6/10 and radiating with numbness to the right upper extremity. Arm pain is rated 3/10 and back pain is rated 9/10. He reports depression. Sleep disorder and anxiety. Physical exam notes normal gait, decreased cervical range of motion (ROM) with positive Spurling's maneuver. There is tenderness of the trapezius area. There is decreased lumbar range of motion (ROM) and well healed incisional scar. There is a request for Oxycodone 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #180: 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 Oxycodone for a year without information on pain response to medication. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Oxycodone is not medically necessary.