

Case Number:	CM15-0141865		
Date Assigned:	07/31/2015	Date of Injury:	04/18/2003
Decision Date:	08/28/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/21/2015

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 60 year old female, who sustained an industrial injury on 4-18-08. The injured worker was diagnosed as having cervical radiculitis, lumbar and sacral osteoarthritis, lumbosacral neuritis, and cervical stenosis. Treatment to date has included epidural steroid injections and medication. On 5-6-15 and 6-3-15, pain was rated as 5-9 of 10. The injured worker had been taking Oxycodone and Oxycontin since at least 1-14-15. Currently, the injured worker complains of neck and back pain. The treating physician requested authorization for Oxycodone IR 15mg #40 and Oxycontin CR 30mg #85.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15 mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, long-term assessment; Opioids for chronic pain; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco 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 Norco for a year without significant improvement in pain or function. There was no mention of Tylenol , Tricyclic or weaning failure. It was combined with Meloxicam without known response to either medications. The claimant was on Oxycodone for several months with a wide pain score of 5-9/10. The continued use of Norco is not medically necessary.

Oxycontin CR 30mg #85: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, long-term assessment; Opioids for chronic pain; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, Oxycontin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin along with Oxycodone. It was combined with Meloxicam without known response to either medications. The claimant was on Oxycodone/Oxycontin for several months with a wide pain score of 5-9/10. There was no mention of Tylenol or Tricyclic or weaning failure. The continued use of Oxycontin is not medically necessary.