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| Case Number: | CM15-0145232 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 06/10/2009 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 53 year old male who sustained an industrial/work injury on 6-10-09. He reported an initial complaint of pain in neck, thoracic spine, and low back. The injured worker was diagnosed as having status-post surgical fusion of C4-7, cervical radiculopathy, headaches, degenerative at C3-4, cervical facet osteoarthritis, thoracic degenerative disc disease at multiple levels. Treatment to date includes medication, surgery (fusion at C4-7 and L4-S1), and diagnostics. MRI results were reported on 10-25-09 of the lumbar spine; cervical spine on 7-1-09, 3-8-10, 8-19-11; and thoracic spine on 7-18-12. Currently, the injured worker complained of posterior neck pain and bilateral arm pain, right greater than left; thoracic pain radiating into the bilateral ribs; and low back pain with bilateral leg pain. Per the primary physician's report (PR-2) on 7-1-15, exam noted spasms and tightness of the cervical spine, restricted range of motion, positive orthopedic testing, painful thoracic spine, decreased thoracic range of motion, pain and spasms in the lumbar spine, restricted range of motion, positive lumbar orthopedic testing, and hypoesthesia and dysesthesia in the right upper extremity and bilateral lower extremities. Current plan of care included medication. The requested treatments include 1 prescription of Oxycodone 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone 15mg #120: 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Opioids, Pain.

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for neck back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life."The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such the request for 1 prescription of Oxycodone 15mg #120 is not medically necessary.