MAXIMUS Federal Services

Case Number:	CM15-0164784		
Date Assigned:	09/02/2015	Date of Injury:	08/04/1994
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72 year old female who sustained a work related injury August 4, 1994. Past history included knee surgery x 2, neck surgery 1996, laminectomy 1998, removal of titanium from neck and hardware from lumbar spine 2001, bilateral carpal tunnel surgery, and 5 vessel coronary artery bypass surgery. According to a treating physician's progress report dated July 15, 2015, the injured worker presented with continued severe neck pain and her Tramadol is not working. The pain started shooting down into her mid and lower back. Physical examination revealed; cervical spine-extreme 4+ tenderness C2-C7, with severe muscle spasms and restricted painful movement; thoracic spine- 4+ tenderness with muscle spasms and painful restricted movement; lumbar spine-stands with flexion of 5 degrees, 4+ tenderness with muscle spasm, leg raise positive at 25 degrees, could not stand and touch toes; both hands-tender wrist and thumb areas, can't make a fist and using a wrist brace all the time; right knee-4+ tenderness and 3+ swelling with painful movement; left knee 4+ tenderness and 2+ swelling with painful and restricted movements, crepitus and cannot flex; right foot- small amount of hypoesthesia(as before). Impressions are documented as cervical discogenic disease; status post recent laminectomy; degenerative disc disease of the c-spine, thoracic spine and lumbosacral spine; bilateral knee pain, probably caused by degenerative arthritis; status post lumbosacral laminectomy. Treatment plan included instruction to take Tramadol to the pharmacist and at issue, a request for authorization for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p 8, (2) Opioids, criteria for use, p 76-80 (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury in August 1994. The claimant has undergone multiple surgeries including cervical and lumbar spine fusions. On 07/06/15 medications are referenced as decreasing pain from "12"/10 to 6/10. Motrin and tramadol were being prescribed. The total MED (morphine equivalent dose) was 30 mg per day. Follow-up was planned in one month, however, she was seen on 07/15/15 with continued severe neck pain. Tramadol was no longer working. Physical examination findings included severe cervical tenderness with restricted and painful range of motion. There was thoracic and lumbar tenderness with muscle spasms and decreased range of motion. There was positive straight leg raising bilateral. There was bilateral wrist and knee and right hip tenderness. There was decreased upper extremity and lower extremity strength. There was left ankle tenderness and decreased right foot sensation. Tramadol was discontinued and oxycodone 5 mg #60 was prescribed. The claimant felt that this worked better for her pain. The total MED was decreased to 15 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having continued severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Although the total MED was decreased, this medication had previously been effective and has a different pharmacokinetic profile compared with tramadol and switching medications would be consistent with opioid rotation. Prescribing oxycodone for severe pain was appropriate and medically necessary.