

Case Number:	CM15-0169028		
Date Assigned:	09/09/2015	Date of Injury:	12/18/2006
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 57-year-old male, who sustained an industrial injury on 12-18-2006. The injured worker was diagnosed as having lumbar strain, lumbar radiculitis, lumbar disc disease, severe depression, sexual dysfunction, insomnia, right shoulder sprain, and partial rotator cuff tear. The request for authorization is for: Oxycodone 30mg #150, Oxycontin 80mg #10. The UR dated 7-23-2015: non-certified Oxycodone 30mg #150, and Oxycontin 80mg #10. On 1-7-2013, he is noted to have been continued on Oxycontin 80mg and Oxycodone 30mg. On 5-13-2015, he reported, "my life is a hell without medication I cannot survive, I cannot do any activity of daily living, I cannot do the intimacy and I am going through depression". Physical findings revealed "no significant change from previous exam". On 6-10-2015, reported, "It feels like somebody is pulling my back apart, it feels like something is coming out of my back, pain is constant moderate to severe". Physical findings revealed tenderness and spasms in the neck area, a decreased cervical spine range of motion, negative spurling and cervical compression tests. The right shoulder is noted to have no tenderness, and continuing to have a restricted range of motion with a positive neer's, Hawkins, and cross adduction. The low back examination revealed an antalgic gait, tenderness in the low back, use of a single point cane for ambulation, and painful decreased range of motion. On 7-8-2015, he reported "pain in my low back is always there (doctor you do not understand my back, my back is always on fire as well as pain); however with the help of medication I pass my day, still I have some difficulties in my activities of daily living as well as intimacy most of the time I feel depressed". Physical findings revealed tenderness and spasm in the neck and a decreased range of motion. The right shoulder is noted to have no

tenderness, and positive neer's, Hawkins and cross adduction. The low back was reported to have tenderness, and decreased range of motion, antalgic gait and use of a single point cane. The treatment and diagnostic testing to date has included: medications, urine drug screen (1-21-15 and 4-15-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

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 and Oxycontin in dosages that exceed the 120 mg Morphine recommended for daily use. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Pain score reduction with use of medication was not consistently noted. The continued use of Oxycodone is not medically necessary.

Oxycontin 80mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: 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 Oxycodone and Oxycontin in dosages that exceed the 120 mg Morphine recommended for daily use. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. Pain score reduction with use of medication was not consistently noted. The continued use of Oxycontin as prescribed above is not medically necessary.