

Case Number:	CM15-0181815		
Date Assigned:	09/24/2015	Date of Injury:	04/20/1999
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/16/2015

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:

This injured worker is a 64 year old female, who sustained an industrial injury on 04-20-1999. The injured worker was diagnosed as having sprain-strain lumbar, pain in joint involving shoulder region, cervical spondylosis, lumbar spondylosis-with positive medical branch block and post laminectomy cervical. On medical records dated 08-13-2015 and 02-02-2015 subjective complaints were noted as back pain. Objective findings were noted as lumbar spine having tenderness to palpation over paraspinal musculature and a limited range of motion due to pain. Treatment to date included surgical intervention, physical therapy, cervical facet block and medication. Current medication was listed as Oxycontin 30mg, Oxycodone HCL 10mg, Flector transdermal Patch, Amitriptyline HCL, Ibuprofen, Lansoprazole, and Lidoderm patch. The injured worker has been taking Oxycodone since at least 01-2015. The Utilization Review (UR) was dated 08-25-2015. A Request for Authorization was dated 08-13-2015 for Oxycontin 30mg, Oxycodone 10mg, Tizanidine 2mg, Cymbalta 60mg and Lidoderm Patch. The UR submitted for this medical review indicated that the request for Oxycodone 10mg #120 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant has a remote history of a work injury in April 1999 and is being treated for low back pain. She has a history of multiple cervical fusions and right shoulder surgeries with right shoulder surgery last in 2012. Treatments have included radiofrequency ablation of the left third occipital nerve and left L2-L5 medial branches. When seen, a repeat radiofrequency ablation on the left side at L3-L5 had left her with significant pain and she had been seen in an Emergency Room. She underwent surgery for rectal prolapse on 07/21/15 and was still recovering. Physical examination findings included lumbar tenderness on the right more than left side and decreased and painful range of motion. Medications were refilled and are referenced as providing a 25% reduction in pain with improved walking and ability to do laundry. Her oxycodone dose was increased. The total MED (morphine equivalent dose) was raised from 165 mg per day to 195 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed was already more than that recommended when her oxycodone dose was increased. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. The claimant was less than one month status post surgery and a failure of non-opioid medications and non-pharmacological treatments is not documented. Prescribing oxycodone is not considered medically necessary.