

Case Number:	CM15-0189837		
Date Assigned:	10/02/2015	Date of Injury:	01/01/1997
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/28/2015

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 61 year old male, who sustained an industrial injury on 1-1-97. Current diagnoses or physician impression includes cervicalgia, intervertebral disc degeneration (unspecified site), left sided low back pain with left sided sciatica and disc degeneration (not otherwise specified). Notes dated 5-21-15 - 8-19-15 reveals the injured worker presented with complaints of neck pain with spasms and jolts of pain that radiate down into his arms and low back pain. He reports right sided numbness lasting most of the day. Physical examinations dated 4-23-15 - 8-19-15 revealed neck pain with limited flexion and extension and back pain. Treatment to date has included medications; Oxycodone (for greater than 3 years), Hydrocodone and Naproxen, which reduces his pain to 4 out of 10 lasting for 4 hours and improves his functionality (per note dated 7-20-15), a C2 occipital nerve block and pain management. Diagnostic studies to date have included cervical spine MRI dated 6-30-15, which revealed progressive discogenic degenerative changes at C3-C4 with a moderate sized use posterior osteophyte and bilateral foraminal narrowing without central spinal stenosis and multilevel foraminal narrowing secondary to osteophytes without evidence of an acute disc protrusion or central spinal stenosis and a urine toxicology screen. A request for authorization dated 9-11-15 for Oxycodone 10-325 mg is non-certified, per Utilization Review letter dated 9-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325 mg, prescription, Qty not specified: 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 for neuropathic pain, Opioids for chronic 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 for over 3 years along with Hydrocodone in combined doses that reached the maximum Morphine equivalent recommended on a daily basis. There was no mention of Tricyclic or weaning failure. There was mention that the claimant cannot take Tylenol due to prior excessive use but the claimant was on Hydrocodone combined with Tylenol. The continued and chronic use of Oxycodone is not medically necessary.