

Case Number:	CM15-0190354		
Date Assigned:	10/02/2015	Date of Injury:	06/17/1997
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
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 64 year old male injured worker suffered an industrial injury on 6-17-1997. The diagnoses included pain in Joint of Pelvic Region and thigh, sacroiliitis, thoracic or Lumbosacral neuritis or radiculitis, lumbago and sciatica. On 8-26-2015 the treating provider reported increased pain in the lower back, left lower extremity, and left hip. The injured worker noted the pain was unbearable and was constant. He had a spinal cord stimulator in use. The pain was rated 7 out of 10 at worst over the prior month. The provider noted no signs of aberrant behavior in regards to medication usage. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no evidence of functional improvement with treatment and no detailed aberrant risk assessment with assessment of risk that included CURES report, opioid contract and Urine drug screens. Request for Authorization date was 9-10-2015. The Utilization Review on 9-16-2015 determined non-certification for Oxycodone tablet 30mg day supply; 30, qty 90; refills; 00, Rx date 9/3/15 and Oxycodone tablet 30mg CR (OxyContin) day supply; 30, qty 60; refills; 00, Rx date 9/3/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tablet 30mg day supply; 30, qty 90; refills; 00, Rx date 9/3/15: 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 for neuropathic pain, Opioids, specific drug list.

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 several months in combination with Oxycontin in doses that exceed the net 120 mg of Morphine equivalent. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of Oxycodone is not medically necessary.

Oxycodone tablet 30mg CR day supply; 30, qty 60; refills; 00, Rx date 9/3/15: 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 chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

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 several months in combination with Oxycontin in doses that exceed the net 120 mg of Morphine equivalent. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued and chronic use of Oxycodone is not medically necessary.