

Case Number:	CM15-0194713		
Date Assigned:	10/08/2015	Date of Injury:	11/09/2005
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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 48 year old female, who sustained an industrial injury on 11-09-2005. The injured worker is being treated for left sacroiliac joint dysfunction, left greater trochanteric bursitis, status post left L4-5 laminotomy and medial facetectomy, L5 foraminotomy with osteotomy (2012), left L4-5 lateral recess stenosis, left L4-5 radiculopathy, adjacent segment degeneration L3-4- and L4-5 and status post L4-5 ALIF with cage and instrumentation, L4-5 PSIF, and left laminotomies (2014). Treatment to date has included surgical intervention, diagnostics, injections, failed spinal cord stimulator, and medications. Per the Primary Treating Physician's Progress Report dated 9-11-2015, the injured worker underwent an injection in May that provided approximately 70% relief of pain that lasted 4 days and then returned to baseline. She then underwent left S1 selective nerve root block on 7-13-2015 and she noted significantly worsened pain after the injection. She reported lower back pain rated as 8 out of 10 without medications and 5 out of 10 with medications. She continues to have pain in the left lower extremity rated as 8 out of 10 without medication and 4 out of 10 with medication. Current medications include Restoril, Motrin, Flexeril, Protonix, Gabapentin and Oxycodone. Objective findings included palpable tenderness of the left lumbar paravertebral muscles and across the upper buttocks. Per the medical records, the IW has been prescribed opioid pain medications since at least 3-24-2015. The most recent notes from the provider dated 9-11-2015 do not document efficacy of the prescribed medications. Work status was temporarily totally disabled. The plan of care included electrodiagnostic testing and medications. Authorization was requested

for Oxycodone 20mg #100 and OxyContin 30mg #90. On 9-15-2015, Utilization Review non-certified the request for Oxycodone and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 20mg #100: Upheld

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

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. The combined dose exceeded the 120 mg of Morphine recommended daily. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Oxycodone is not medically necessary.

OxyContin 30mg #90: Upheld

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

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: According to the MTUS guidelines, Oxycontin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. In this case, the claimant had been on Oxycontin along with Oxycodone in a combined dose that exceeded the 120 mg of Morphine recommended daily. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Oxycontin as prescribed above is not medically necessary.