

Case Number:	CM15-0198016		
Date Assigned:	10/13/2015	Date of Injury:	03/25/2009
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/08/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 56 year old male, who sustained an industrial injury on 3-25-09. The injured worker is being treated for chronic neuropathy, thoracic radiculopathy, failed lumbar and thoracic syndrome and neuropathy. Treatment to date has included lumbar laminectomy, thoracic laminectomy, oral medications, including Modafinil, Lyrica, Oxycodone 10mg (since at least 7-29-15) and Nuvigil; cane for ambulation, spinal cord stimulator and activity modifications. On 7-1-15, 7-29-15 and 8-26-15, the injured worker complains of pain in lumbar and cervical spine for 5 years, described as constant, aching, sharp, shooting, and tingling rated 6 out of 10. Documentation does not include indication of pain relief following medication or duration of pain relief. Urine toxicology screen was not submitted for review. He is currently not working. Physical exam performed on 7-29-15 and 8-26-15 noted injured worker in no acute distress. The treatment plan included a prescription for Oxycodone 10mg #45. On 9-16-15 request for Oxycodone was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tab 10 mg #45 supply: 30 days MED=90.9: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Oxycodone is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs have failed. In this case the patient has been receiving Oxycodone since at least and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request should not be medically necessary.