

Case Number:	CM15-0198866		
Date Assigned:	10/14/2015	Date of Injury:	04/23/2012
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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 24-year-old male, who sustained an industrial injury on 4-23-12. Medical records indicate that the injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, lumbago, lumbar sprain-strain and thoracic spine sprain-strain. The injured worker is currently not working due to his employer being unable to accommodate restrictions. On (8-25-15) the injured worker reported that over time his lumbar injury has improved. A pain level was not provided. Objective findings noted that the injured worker moved with greater alacrity and less obvious discomfort and without a walking stick. The injured worker was noted to be using Oxycodone less often. No physical examination was provided. The injured workers pain levels and functional status were not provided in the subsequent progress notes. Treatment and evaluation to date has included medications, MRI of the lumbar spine, ice applications, transforaminal epidural steroid injections, home exercise program and a lumbar fusion. Current medications include Oxycodone (since at least December of 2014), Cyclobenzaprine Colace and Ibuprofen. The current treatment request is for Oxycodone 10 mg # 36. The Utilization Review documentation dated 9-9-15 modified the request to Oxycodone 10 mg # 32 (original request # 36).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #36: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic 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 a year without consistent pain score documentation. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Oxycodone is not medically necessary.