

Case Number:	CM15-0202476		
Date Assigned:	10/19/2015	Date of Injury:	06/18/2001
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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 female who sustained an industrial injury on June 18, 2001. The worker is being treated for: cervicgia, lumbo, lumbosacral disc degeneration; painful retained posterior cervical hardware, chronic pain syndrome. Subjective: July 13, 2015, "increased neck pain. September 17, 2015, "continued pain in the entire cervical region," primarily the "right side" of neck; thoracic pain radiating to shoulders, and difficulty sleeping. Objective: September 17, 2015 moderate tenderness with palpation over entire cervical region and bilateral facet area; moderate to severe spasm thoracolumbar paravertebral muscles and antalgic gait. Medications: September 17, 2015: Percocet, Oxycodone, Flexeril, Bentyl, Xanax, Losartan, Prozac, and Zonisamide. June 29, 2015: Oxycodone, Flexeril, Bentyl, Xanax, Losartan, Prozac, and Zonisamide. May 26, 2015: Percocet, Flexeril, Bentyl, Xanax, Losartan, Prozac, and Zonisamide. May 18, 2015: Oxycodone, Flexeril, Bentyl, Xanax, Losartan, Prozac, and Zonisamide. Treatments: September 17, 2015 pending scheduled surgery. July 16, 2015 administration of trigger point injections times four, July 13, 2015 administration of Toradol injection; February anteroposterior cervical arthrodesis with remitted pain post-operatively, right total knee replacement. Diagnostic: CT cervical spine June 22, 2015. On September 18, 2015 a request was made for Oxycodone 10mg #56 that was noncertified by Utilization Review on September 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 several months and weaning to 1-2 tablet was mentioned for months. Further weaning was not performed. Pain scores were not routinely noted. Continued use of Oxycontin is not medically necessary.