

Case Number:	CM15-0203494		
Date Assigned:	10/20/2015	Date of Injury:	08/30/2000
Decision Date:	12/01/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application	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: North Carolina

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 53 year old male who sustained an industrial injury August 30, 2000. Past history included a lumbar fusion in 2006 and a two-level cervical fusion September 1, 2011. According to a treating physician's progress report dated September 8, 2015, the injured worker presented with neck and bilateral upper extremity pain, bilateral shoulder pain, worse on the right, low back, buttocks, hips, and bilateral lower extremity pain, blurred vision gastrointestinal ulcer, bowel incontinence, tinnitus (had for several years), and depression. The neck pain radiates down both upper extremities to the thumb and index finger in each hand. The low back pain radiates into the buttocks, both hips, and down the back of the left lower extremity to the foot. His pain is worse when driving, standing, walking and bending and with movement of the head, neck, and shoulders. His activities and sleep are limited secondary to pain. He also reports bowel and bladder incontinence and was diagnosed with diverticulitis. The physician documented the injured worker has a 20cm sigmoid ulcer and a 1.5cm hiatal hernia. He has seen and been treated by a urologist and gastroenterologist. The injured worker is requesting a trial with a spinal cord stimulator for his low back pain. Current medication included Oxycodone IR, Cymbalta 60mg and 30mg, and Voltaren gel. Objective findings included; tenderness of both the cervical and lumbar spines with reduced range of motion; sensory deficit to light touch in both upper and lower extremities; straight leg raise is positive on the left. Diagnoses are cervical and lumbar degenerative disc disease; right shoulder pain; depression. At issue, is the request for authorization for Oxycodone IR 15mg (since at least April 1, 2015). According to utilization review dated October 3, 2015, the request for Oxycodone IR 15mg, one tablet by mouth four times daily as needed for pain was modified to Oxycodone IR 15mg, one tablet four times daily as needed for pain #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. There is also not a quantity specified. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.