

Case Number:	CM15-0208658		
Date Assigned:	10/27/2015	Date of Injury:	09/12/2003
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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 55 year old male, who sustained an industrial injury on 9-12-2003. The injured worker is undergoing treatment for cervicgia, cervical neuropathy, complex regional pain syndrome (CRPS) of upper limb, cervical disc disease and opioid dependence. Medical records dated 9-1-2015 indicate the injured worker complains of increased neck pain and increased left upper extremity numbness. He rates the pain 4 out of 10. The treating physician indicates the injured worker has not had cervical injection since before his cervical fusion. Physical exam dated 9-1-2015 notes cervical tenderness to palpation with paraspinal and trapezius spasm, decreased range of motion (ROM), decreased sensation at C8, Left 4th and 5th finger contraction, decreased grip strength, left shoulder decreased range of motion (ROM), positive impingement and pain and numbness in L3 dermatome. Treatment to date has included physical therapy, cervical laminectomy and fusion, injection, lumbar surgery, home exercise program (HEP) and medication including Oxycodone since at least 2-3-2015. The original utilization review dated 9-23-2015 indicates the request for Oxycodone 15mg #120 and cervical epidural steroid injection C7-T1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg #120: 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. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Percocet is not medically necessary.

Cervical epidural steroid injection at C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the MTUS guidelines, an ESI is recommended for those with radicular symptoms on exam and imaging. In this case, the claimant had undergone a prior fusion. There was decreased sensation in the C8 dermatome. However, the claimant had mostly restricted range of motions and local spasms. Pain is mentioned to be well controlled with medications and therapy. The ACOEM guidelines do not recommend ESI due to their short-term benefit. As a result, the request for an ESI is not medically necessary.