

Case Number:	CM15-0208779		
Date Assigned:	10/27/2015	Date of Injury:	12/04/2013
Decision Date:	12/08/2015	UR Denial Date:	10/22/2015
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 70 year old male who sustained an industrial injury on 12-4-13. The injured worker reported pain in the left knee and back with lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for left knee osteoarthritis, arthralgia of left ulna, radius, wrist and lumbar disc degeneration. Medical records dated 10-14-15 indicate persistent back pain. Treatment has included status post knee surgery, magnetic resonance imaging, Baclofen, Gabapentin since at least June of 2015, Oxycodone, radiographic studies, nerve conduction velocity study - electromyelogram (5-27-15), injection therapy, status post left knee total knee arthroplasty, and physical therapy. Objective findings dated 10-14-15 were notable for tenderness to the paraspinals at L3-5 with decreased range of motion, left knee with stiffness upon range of motion. The original utilization review (10-22-15) denied a request for Oxycodone HCL 10mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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 previously had used Tramadol. Long-term use is not recommended. Weaning or tricyclic failure is not noted. Pain scores were not noted. Continued use is not medically necessary.