

Case Number:	CM15-0024726		
Date Assigned:	02/17/2015	Date of Injury:	08/04/1994
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72 year old female who sustained a work related injury August 4, 1994. Past history included; two knee surgeries in 1981, bilateral carpal tunnel surgery, neck surgery in 1996, coronary artery 5 vessel bypass, laminectomy in 1998, removal of hardware from the lumbar spine and removal of titanium in neck in 2001. According to a treating physician's office visit report, dated December 30, 2014, the injured worker presented with complaints of overall body pain including cervical, thoracic and lumbar spine, bilateral hands, right hip, bilateral knees and left foot. Impression is documented as discogenic disease; degenerative disc disease of the c-spine, thoracic spine and lumbosacral spine; bilateral knee pain probably caused by arthritic degenerative arthritis and s/p lumbosacral laminectomy. Treatment plan included a prescription for Oxycodone. According to utilization review dated January 9, 2015, the request for Oxycodone 5mg #60 has been modified to Oxycodone 5mg #20, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing,.

Decision rationale: The claimant has a remote history of a work-related injury occurring more than 20 years ago and continues to be treated for chronic pain. Multiple surgeries have been performed. Medication include oxycodone at a total MED (morphine equivalent dose) of less than 120 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. However there is poor pain control. The claimant meets criteria for discontinuing opioid medication and therefore, the continued prescribing of oxycodone was not medically necessary.