

Case Number:	CM15-0044675		
Date Assigned:	04/10/2015	Date of Injury:	09/29/1998
Decision Date:	05/04/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 an 80 year old male, who sustained an industrial injury on September 29, 1998. The injured worker was diagnosed as having degenerative lumbar/lumbosacral intervertebral disc, unspecified myalgia and myositis, lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, postlaminectomy syndrome lumbar region, lumbosacral spondylosis without myelopathy, status post fusion thoracic 12-sacral 1, and status post spinal cord stimulator implantation in 2008. Treatment to date has included home exercise program, urine drug screening, spinal cord stimulator, use of a walker for mobility, and medications including long-acting oral pain, short-acting oral and sublingual pain, antidepressant, and non-steroidal anti-inflammatory. On February 2, 2015, the injured worker complains of waking up with the bottom of his feet sore over 1 month, which lasts for a few hours then subsides. He continues with right sacroiliac joint pain. The trial of sublingual pain medication worked well with 1 tablet being used per day for breakthrough pain. His average pain and functional level since the last visit are 7/10. The physical exam revealed he was fairly comfortable sitting in a chair and no new deficit. He uses a walker for walking. His spinal cord stimulator is still covering his back and leg somewhat. The treatment plan includes continuing his long-acting oral pain medication and short-acting oral and sublingual pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tab 20mg, 1 po QID prn breakthrough pain #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

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 in combination with MSContin, Fentanyl, Abstral and Cymbalta for pain. Function was reducing from 9 to 7/10. Multiple opioids over long periods can lead to addiction and tolerance. In addition, the amount of Oxycodone given for breakthrough pain along with other opioids exceeds the 120 mg Morphine equivalent recommended by the guidelines. Continued use of Oxycodone is not medically necessary.