

Case Number:	CM15-0046649		
Date Assigned:	03/18/2015	Date of Injury:	02/04/2004
Decision Date:	04/20/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/11/2015

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 49-year-old female, with a reported date of injury of 02/04/2014. The diagnoses include cervical spine disc syndrome, cervical strain/sprain, cervical radiculopathy, cervical spinal stenosis, right carpal tunnel syndrome and right double crush syndrome, lumbosacral spine strain/sprain with radiculopathy, right rotator cuff syndrome with suprascapular neuropathy, complex regional pain syndrome, and chronic pain syndrome. Treatments to date have included oral medications and topical pain medication. The progress report dated 01/15/2015 indicates that the injured worker complained of neck and upper extremity pain, stiffness, weakness, numbness, tingling, and generalized discomfort. The objective findings include reduced cervical and lumbosacral range of motion, reduced right shoulder range of motion, reduced sensation and strength in the distribution of the right C6 and right L5 spinal nerve root, reduced sensation and strength in the distribution of the right median nerve at the right wrist, absent right biceps deep tendon reflex, reduced strength in the distribution of the right suprascapular nerve, and tenderness and pain of the right cervical and lumbosacral paraspinal muscles with spasms. The treating physician requested Oxycodone 30mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tab 30mg #120, 30 day supply,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

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 Norco for over 6 months without documentation of pain scores or function. Oxycodone was started because Norco was not approved. There is no evidence that Oxycodone is superior to Norco. They are both opioids and indication for use is similar. Long-term use for neck and shoulder pain is not 1st line treatment. There is no evidence of NSAID, Tylenol or Tricyclic failure. The continued use of Oxycodone is not medically necessary.