

Case Number:	CM15-0053121		
Date Assigned:	03/26/2015	Date of Injury:	03/07/2010
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 67 year old male, who sustained an industrial injury on 3/7/10. He has reported head, back and left hip injury after a chair he was sitting in broke and he fell to the floor. The diagnoses have included lumbar degenerative disc disease (DDD) with lumbago, bilateral radiculopathy and neuropathic pain, cervical and thoracic disc disease, sacroiliac joint and facet joint arthropathy, myofascial syndrome and reactive sleep disturbance. Treatment to date has included medications, physical therapy, and Home Exercise Program (HEP). Currently, as per the physician progress note dated 2/12/15, the injured worker complains of pain in the low back and left hip. It was noted that the Oxycodone and the Neurontin bring his pain score down from 10/10 to 6/10 and he is able to better perform his activities of daily living (ADL's). Of note, the physician states that he has requested a trial of spinal cord stimulation. The current medications included Oxycodone and Neurontin. Physical exam revealed bilateral positive straight leg raise with a positive Lasegue's sign. There were sensory deficits noted, ankle reflex was absent on the right and motor weakness bilateral ankles. He had positive facet provocation bilaterally and multiple myofascial trigger points. There was decreased lumbar and cervical range of motion with upper extremity motor weakness and grip strength. The physician noted that the functional status was unchanged from the last visit as more medications were being withheld. The physician requested treatment includes Oxycodone 5mg #300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80-81; 97.

Decision rationale: The injured worker sustained a work related injury on 3/7/10. The medical records provided indicate the diagnosis of lumbar degenerative disc disease (DDD) with lumbago, bilateral radiculopathy and neuropathic pain, cervical and thoracic disc disease, sacroiliac joint and facet joint arthropathy, myofascial syndrome and reactive sleep disturbance. Treatment to date has included medications, physical therapy, and Home Exercise Program (HEP). The medical records provided for review do not indicate a medical necessity for Oxycodone 5mg #300. Oxycodone, like other Opioids are recommended at the lowest dose for the short term treatment of moderate to severe pain. The MTUS recommends against using it longer than 70 days in the treatment of chronic pain due to lack of research showing it is beneficial beyond this period, besides the increased risk from side effects. Generally, the MTUS recommends using more than 120 morphine equivalents in a day. Furthermore, the MTUS identifies Oxycodone as a potentially addictive opioid analgesic medication, included in a list of 20 medications identified by the FDA's Adverse Event Reporting System that are under FDA investigation. The records indicate the injured worker has been using this medication for more than six months. The dose has been higher than the upper limit recommended by the MTUS. Therefore, this request is not medically necessary.