

Case Number:	CM15-0058056		
Date Assigned:	04/02/2015	Date of Injury:	06/27/2003
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/26/2015

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(n) 51 year old male, who sustained an industrial injury on 6/27/03. He reported pain in his neck and right shoulder. The injured worker was diagnosed as having cervical degenerative disc disease, cervical radiculopathy, right partial supraspinatus tear and cervical facet arthropathy. Treatment to date has included physical therapy, cervical x-rays, cervical fusion and hardware removal and pain medications. As of the PR2 dated 2/6/15, the injured worker reported 9-10/10 pain in the cervical spine. He noted that his pain has increased since his last visit. The treating physician noted decreased range of motion in the cervical spine due to pain. The treatment plan includes discontinuation of Norco due to rash and nausea, a urine drug test and reduction of Oxycodone to 20mg one every 4-6 hours. The treating physician requested Oxycodone 20mg #120 and a urine drug test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg #120: Upheld

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

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

Decision rationale: According to the MTUS guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain .They are not indicated for mechanical or compressive etiologies. They are 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 over a year with increasing pain. The physician had requested to reduce the dose to the amount prescribed above with a goal to reduce total opioid intake 25%. There was no formal weaning and discontinuation agreement noted. The claimant is no longer benefitting from Oxycodone and a full taper and elimination is required with alternative modality for pain control rather than just a 25% reduction. As a result, the Oxycodone as prescribed above is not medically necessary.

One urine drug test: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There is no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. The claimant was noted to be in compliance with CURES .The request for another urine drug screen is not medically necessary.