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| Case Number: | CM13-0062886 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/11/2012 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; muscle relaxants; earlier cervical fusion surgery on August 5, 2013; eighteen sessions of physical therapy; and two earlier epidural steroid injections, per the claims administrator. In a Utilization Review Report of November 27, 2013, the claims administrator apparently partially certified a request for oxycodone, stating that the attending provider had seemingly requested duplicate prescriptions for short-acting oxycodone. Flexeril was apparently approved outright. A November 19, 2013 progress note was notable for comments that the applicant reported persistent pain complaints. The applicant was off of work. She was on oxycodone 15 mg twice daily, it was stated. The applicant stated that she was able to perform laundry with medications and that she would be unable to do laundry without medications. The applicant further states that sitting, standing, using a computer, bending, and/or lifting all make her pain worse. The applicant was apparently on extended-release OxyContin for long-term use purposes, was on Neurontin for prophylactic purposes, and was using short-acting oxycodone for breakthrough pain relief. Refills of OxyContin, oxycodone, and Neurontin were issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE (ROXICODONE) 15MG ORAL TAB: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the cardinal criteria for the continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain, achieved as a result of ongoing opioid therapy. In this case, however, there is no clear evidence of improved function as a result of ongoing opioid therapy. The applicant's reported ability to perform the laundry while using oxycodone appears to be marginal and negligible and is outweighed by the applicant's failure to return to any form of work, and the applicant's complaints that numerous activities such as sitting, standing, and using a computer, are worsening the pain. Therefore, the request for oxycodone is not medically necessary.