

Case Number:	CM14-0087948		
Date Assigned:	07/23/2014	Date of Injury:	06/07/2007
Decision Date:	11/21/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 Family Practice 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 injured worker is a 48 year old male claimant who sustained a work injury on 6/7/07 involving the low back. He was diagnosed with carpal tunnel syndrome, cervical radiculopathy, chronic traumatic headaches and CRPS. The claimant had been on Oxycontin and Oxycodone for pain since early 2014. A progress note on 5/20/14 indicated the claimant had 7/10 pain. He had been on Oxycontin 80 mg TID and Oxycodone 15 mg every 4 hours. Exam findings were notable for a positive Tinel's test, decreased temperature and atrophy in the left arm with allodynia. The physician continued the above pain medications. A Narcotic Assessment form was completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg q 4 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, Dosing

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 along with Oxycontin. Their cumulative dose exceeded the 120 mg of morphine equivalent recommended by the guidelines. The continued use of Oxycodone as above is not medically necessary.