

Case Number:	CM14-0134270		
Date Assigned:	09/18/2014	Date of Injury:	02/22/2010
Decision Date:	06/01/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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. 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 47 year old male, who sustained an industrial injury on 2/22/10. The diagnoses have included cervical disc disease, status post lumbar surgery with fusion and continued pain and history of hypertension. Treatment to date has included medications, diagnostics, activity modifications, and home exercise program (HEP). The diagnostic testing that was performed included x-rays and labs. Currently, as per the physician progress note dated 7/18/14, the injured worker was seen and is noted to be waiting to have hardware removed from his lumbar spine. His pain continues to be at a moderate degree and rated 9-10/10 on pain scale. He had trial of using a Fentanyl patch, which was effective but felt it made him less functional and he prefers to continue with Oxycodone four times a day and Soma three times a day. The objective findings revealed tenderness over the left shoulder and back regions. The physician requested treatment included Oxycodone 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG 2014, Criteria for use of Opioids.

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 Oxycontin (long-acting opioid) for several months and in May 2014 was noted not to have adequate pain relief while taking the medications 3 times daily. The claimant was changed to Oxycodone 4 times daily. The claimant continued to have moderate pain. Long-term use of short-acting opioids is not recommended and no one opioid is superior to another. There is not mention of Tricyclic or Tylenol failure. The continued use of Oxycodone is not medically necessary.