

Case Number:	CM14-0060692		
Date Assigned:	07/02/2014	Date of Injury:	08/27/1996
Decision Date:	05/27/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72 year old male who sustained an industrial injury on August 27, 1996. He reported low back pain and has been diagnosed with cervical degenerative dis disease, cervical post-laminectomy syndrome, cervical facet arthropathy, cervical spinal stenosis, cervicgia, and cervical radiculitis. Treatment has included medications, pain management, and injections. Currently the injured worker continued to have low back pain with radiation to the lower extremity. The treatment request included oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury nearly 20 years ago and continues to be treated for chronic the low back pain. Medications include Duragesic and oxycodone being

prescribed at a total MED (morphine equivalent dose) of 390 mg per day. When seen, pain was rated at 10/10. There had been a previous pain level of 5-6/10 when the full doses of his prescribed medications were available to him. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 3 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this request was not medically necessary.