

Case Number:	CM15-0108765		
Date Assigned:	06/16/2015	Date of Injury:	11/29/2002
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/05/2015

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: California, North Carolina
 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 female, who sustained an industrial injury on 11/29/02. She reported pain in her neck. The injured worker was diagnosed as having neck sprain, brachial neuritis, cervical facet joint pain and myalgia. Treatment to date has included a cervical MRI on 2/24/14 showing cervical degenerative disc disease, heat, ice and gentle stretching. Current medications include Celebrex, Lyrica, Trazodone, Voltaren gel, Skelaxin and Oxycodone (since 12/12/14). As of the PR2 dated 5/14/15, the injured worker reports pain in her neck. She rates her pain an 8/10 without medications and 4-5/10 with medications. Objective findings include severe neck pain with palpation over the cervical spine, rotation and flexion limited to 40% and a positive Spurling's test. The treating physician requested Oxycodone liquid 20mg/ml 180ml bottle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone liquid 20mg/ml 180ml bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS states that opioids are suggested for neuropathic pain in patients who have not responded to first-line (antidepressants and anti-convulsants) agents. Long-term efficacy of opioids is unclear. In this case, there is no evidence of functional improvement with Oxycodone as compared to her non-opioid medications. No rationale is given as to why she could not be managed on her ongoing non-opioid medications. There also does not appear to be an attempt to wean the patient from the Oxycontin. Thus the request for continuing Oxycodone is deemed not medically necessary or appropriate.