

Case Number:	CM15-0012725		
Date Assigned:	01/30/2015	Date of Injury:	04/13/1992
Decision Date:	03/26/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/21/2015

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, Washington

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 62-year-old male who reported an injury on 04/13/1992. The mechanism of injury was not provided. His diagnoses included sprain of neck. Past treatments include medications. On 12/19/2014, the injured worker reported an increase in pain due to the decrease in his medications. He reported that the medications were beneficial in reducing pain and improving function with no clear side effects. The injured worker also reported symptomatic low back pain and right greater than left lower extremity pain described as an electrical burning, numbness, tingling, and weakness. Physical examination revealed bilateral cervical paraspinous tenderness as well as tenderness in the right trapezius muscle, positive Spurling's maneuver with extension and rotation, cervical range of motion at 30 degrees of flexion, 50 degrees of extension, 55 degrees of right rotation and 65 degrees of left rotation with normal and symmetric reflexes. Physical examination of the lumbar lower extremity revealed positive straight leg raise bilaterally at 25 degrees, tenderness to palpation over the medial lateral joint line of the right knee. Physical examination of the lumbar spine revealed range of motion at 30 degrees of flexion, 10 degrees of extension, 10 degrees of bilateral bend, and 5 degrees of left lateral bend. Muscle strength was 3/5 to 4/5 with diminished sensation in the L5-S1 dermatome. Current medications were noted to include oxycodone 30 mg taken every 4 to 6 hours, Viagra 100 mg taken as needed, Valium 10 mg taken 3 times a day, Soma 350 mg taken 4 times a day, and Medrox compounded rub applied 2 to 3 times a day as needed. The treatment plan included a continuation of oxycodone. A request was received for Oxycodone IR 30 mg #180. The request for authorization form was dated 04/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 30 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The California MTUS Guidelines state that four domains have been proposed as the most relevant for ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, and physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The clinical information indicated that the injured worker has been taking oxycodone since at least 6/04/2013. The clinical information also indicated that the injured worker noted a 30% improvement in pain levels as well as improvement in overall function with the use of the medications, including increased ability to perform activities of daily living, specifically self-care needs, walking and standing for long periods of time. In addition, there was no evidence of drug seeking behaviors or side effects. The most current drug screen dated 09/25/2014, revealed consistency with prescribed medications. While the request for ongoing use of oxycodone would be supported, the request as submitted did not specify frequency of use. Therefore, the request for Oxycodone IR 30 mg #180 is not medically necessary.