

Case Number:	CM15-0115934		
Date Assigned:	06/24/2015	Date of Injury:	10/23/2003
Decision Date:	07/29/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old male, who sustained an industrial injury on 10/23/2003. The current diagnoses are cervical sprain/strain, cervical disc disease, cervical radiculopathy, status post lumbar fusion, painful retained hardware, lumbar radiculopathy, and sleep apnea. According to the progress report dated 4/23/2015, the injured worker complains of neck, back, and bilateral leg pain. The pain is rated 8/10 on a subjective pain scale. He notes that his pain has remained unchanged since his last visit. He has been taking his medication regularly and tolerates them well. However, he states that his medications are not very helpful with his pain. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinous muscles. There is guarding noted. There is tenderness to palpation over the pedicle screws. There is positive axial head compression and Spurling's sign. Range of motion is restricted and painful. There is decreased sensation to pain, temperature, light touch, vibration, and two-point discrimination along the bilateral C4, C5, and C6 dermatomal distributions. Examination of the lumbar spine reveals diffuse tenderness over the paraspinous muscles in the lower lumbar spine, moderate-to-severe tenderness over the hardware, restricted and painful range of motion, and decreased sensation along the bilateral L4, L5, and S1 dermatomal distribution. The medications prescribed are Oxycodone and Gabapentin. The last toxicology screen from 1/22/2015 was inconsistent with the medications prescribed. He was positive for Hydrocodone, which the providing physician did not prescribe. Treatment to date has included medication management, rest, MRI studies, physical therapy, home exercise program, electrodiagnostic studies, chiropractic, and surgical intervention. The request for Oxycodone has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for opioid use: On-going management Page(s): 78.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long-term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In this case, the treating physician did not document the average pain, intensity of pain, how long it takes for pain relief, how long pain relief lasts, the least reported pain over the period since last assessment, improvement in pain or improvement in function with prior use of opioids as well as other on-going management actions as outlined in the MTUS, these are necessary to meet CA MTUS guidelines. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Oxycodone is not medically necessary.