MAXIMUS Federal Services

Case Number:	CM15-0121351		
Date Assigned:	07/02/2015	Date of Injury:	07/10/2001
Decision Date:	07/30/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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, 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 72 year old female who sustained an industrial injury on 7/10/01. Diagnoses are intervertebral lumbar disc disorder with myelopathy - lumbar region, degeneration of cartilage and meniscus of knee, anxiety and depression, gastritis, benign hypertensive heart disease without heart failure, rotator cuff dysfunction, status post right knee arthroscopy and subsequent replacement - 2007,and status post right shoulder arthroscopy. In a progress report dated 5/12/15, a treating physician notes she has had to go to the hospital for a 3rd time last month due to mental changes that seem to resolve. Is noted that it is possibly the Valium, and she may not be certain what she is taking and when. Her children are to take over her medication schedule. The list was written out and then they are to go home and see if there is anything else she is taking at home that is not on the list. She is alert and oriented at the office visit. Low back pain continues overall the same, but is not being helped by her pain medications. Notes she feels unstable like she is going to collapse. She has intermittent and fleeting electric shock sensation down the left leg. She has been taking Gabapentin for that but it may be contributing to her somnolence, so it will be discontinued. She is having some depression associated with chronic pain and lack of ability to focus. Moderate parlalumbar and paracervical myospasm are noted. She is ambulating with a cane. Work status is permanent and stationary. The treatment plan regarding the intervertebral lumbar disc disorder with myelopathy is to refill the Oxycodone 30 mg 1 tablet as needed every 6 hours, #120, 0 refills. She does not take this with Norco. Discontinue Valium and and Oxycodone 20 mg and Gabapentin. Move the Famitidine from morning to just before dinner, increase the Duexis to 3 times a day, continue Amlodipine 10mg

per day, Trazadone 100mg 1-2 at bedtime for sleep, Losarten 1 per day, Prozac 40 mg 2 per day, Baclofen 3 per day for spasm and start Xanax 0.5 mg 1 tablet 3 times a day as needed for anxiety attack for 10 days with no refill. The treatment requested is Oxycodone 30 mg tablets, quantity of 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 MG Tabs Qty 120: 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): 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 Oxycodone for several months without consitent documentation of pain scores or response. In addition, the claimant was on muscle relaxants. The claimant was also on a Tricyclic. There was no mention of weaning attempt and long-term use of Oxycodone is not recommended and therefore based on the above not medically necessary.