

Case Number:	CM15-0126495		
Date Assigned:	07/13/2015	Date of Injury:	10/26/2007
Decision Date:	08/12/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54-year-old male, who sustained an industrial injury on 10/26/2007, resulting from a motor vehicle accident, while driving a bus. The injured worker was diagnosed as having cervicalgia, chronic opiate drug use, brachial neuritis, unspecified, cervical spondylosis, chronic low back pain, lumbosacral spondylosis, lumbar degenerative disc disease, and lumbosacral neuritis, unspecified. Treatment to date has included diagnostics, shoulder surgeries in 2010 and 2013, pain management, and medications. Currently, the injured worker complains of neck pain, with radiation to the bilateral upper extremities. He described symptoms as moderate and worsening. Associated symptoms included persistent headache. His pain was rated 7/10 and constant. He was currently taking short acting opioids and reported that his current medication regimen was adequate. He reported being able to do activities of daily living better with the use of medication. The use of Oxycodone 30mg every 8 hours was noted since at least 2/2015 but an accurate duration of use could not be determined. The treatment plan included continued medication. His work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg quantity 90: 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): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Oxycodone, California Pain Medical Treatment Guidelines state that Oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycodone is not medically necessary.