

Case Number:	CM15-0178281		
Date Assigned:	09/18/2015	Date of Injury:	02/14/2003
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/10/2015

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 57 year old female, who sustained an industrial injury on 2-14-2003. The injured worker is being treated for pain disorder, extremity pain, right sacroiliac pain, shoulder pain, spinal-lumbar degenerative disc disease, low back pain, spasm of muscle and radiculopathy. Treatment to date has included surgical intervention (L4-S1 discectomy and fusion 4-2011 and right sacroiliac joint fusion 11-13-2012), chiropractic care, aquatic therapy, medications, transforaminal epidural steroid injections, cortisone injections, and sacroiliac joint injections. Medications as of 8-10-2015 include Tizanidine, Senna, Colace, Cymbalta, MS Contin, Omeprazole, Zofran, Oxycodone, Amitiza, Valium, and Neurontin. Per the Primary Treating Physician's Progress Report dated 8-10-2015, the injured worker reported lower backache and left knee pain. She rates her pain with medications as 5 out of 10 and without medications as 10 out of 10. She states she is able to perform ADLs and increase her activity with the aid of medication. Objective findings included restricted ranges of motion of the cervical and lumbar spine with paravertebral tenderness. There was a tight muscle band and spasm of the cervical paravertebral muscles. The injured worker has been prescribed Oxycodone since at least 2-23-2015 per the medical records submitted. Per the medical records dated 2-23-2015 to 8-10-2015 there is no documentation of any decrease in subjective pain levels with the current treatment. Her pain level increased from 5-18-2015 to 6-15-2015. The plan of care included medicating and authorization was requested for oxycodone. On 8-14-2015, Utilization Review non-certified the request for Oxycodone 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5mg Sig: Take four times day as needed Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: In this case, the claimant was on MS Contin in 2 doses along with Oxycodone for several months. Pain scores fluctuated. There was no mention of weaning or tricyclic failure. Oxycodone is a short acting opioid used for breakthrough pain. 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. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The total opioid dose exceeds the 120 mg Morphine equivalent recommended by the guidelines. Continued use of Oxycodone as above is not medically necessary.