

Case Number:	CM15-0178990		
Date Assigned:	09/21/2015	Date of Injury:	11/10/1995
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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 60 year old male, who sustained an industrial injury on November 10, 1995. The injured worker was diagnosed as having brachial neuritis not otherwise specified, lumbosacral neuritis not otherwise specified, ankle joint derangement not otherwise specified, hand joint derangement not otherwise specified, and shoulder joint derangement not otherwise specified. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, and use of a cane. In a progress note dated August 12, 2015 the treating physician reports worsening of the pain to the head, thoracic spine, lumbar spine, sacral spine, coccyx, bilateral upper extremities, and the bilateral lower extremity with associated symptoms of stress, anxiety, depression, dizziness, headaches, nausea with vomiting, difficulty breathing, and abdominal symptoms. The treating physician also noted a recent fall prior to this visit. Examination performed on August 12, 2015 was revealing for tenderness to the left side of the lumbar spine and the sacroiliac joint, a limp favoring the left lower extremity, positive Patrick Faber's testing, and tenderness to the lumbar spine. On August 12, 2015 the injured worker's medication regimen included Oxycodone. The injured worker's pain level was rated a 10 out of 10 during the week prior to the visit on August 12, 2015 with no relief and a worsening of activities of daily living with overall functioning, but the progress note did not indicate if the injured worker's pain level or function improved with the use of his current medication regimen. On August 12, 2015 the treating physician requested the medication Oxycodone 30mg with a quantity of 90 noting current use of this medication. On August 14, 2015 the Utilization Review determined the request for Oxycodone 30mg with a quantity of 90 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #90: 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 for chronic pain, Opioids for neuropathic pain.

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 intermittently with Percocet (which contains Oxycodone) for several months. There were no pain scores noted. In addition, there were inconsistencies in urine screening with use of medication on 6/ 18/15. The continued use of Oxycodone is not medically necessary.