

Case Number:	CM15-0179516		
Date Assigned:	09/21/2015	Date of Injury:	07/09/2003
Decision Date:	10/23/2015	UR Denial Date:	09/01/2015
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: California

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 59 year old female who sustained an industrial injury on 07-09-2003. Diagnoses include cervical radiculopathy and lumbar radiculopathy. A physician progress note dated 07-30-2015 documents the injured worker complains of continued neck pain which radiates down his bilateral upper extremities and is associated with numbness to her hands. She has pain in her bilateral shoulders, elbows wrists and hands. She has occasional muscle spasms of her neck. She complains of low back pain with muscle spasms and pain which radiates down both lower extremities. She rates her pain as 7-8 out of 10 with medications and her pain is 10 out of 10 without her medications. She complains of gastritis and constipation from her medications. She has an antalgic gait and uses a cane to ambulate. On examination she has limited and painful range of motion of her cervical and lumbar spine. There is decreased sensation in the C6 dermatome range. Straight leg raise is positive on the left. A physician note dated 04-09-2015, and 04-20-2015 documents the injured worker has continued pain which she rates as 7-8 out of 10 with medications and 10 out of 10 without medications. The injured worker received a cervical epidural injection on 03-17-2015 and had a 50-80% overall improvement. The duration of the improvement was for 7 weeks. Treatment to date has included diagnostic studies, medications, cervical epidural steroid injection and physical therapy and home exercise program. Her current medications include Oxycodone, Cyclobenzaprine, Gabapentin, Omeprazole, Senexon, Tramadol and Celexa. A Magnetic Resonance Imaging of the cervical spine done on 03-09-2015 revealed a disc protrusion with a mild degree of central canal narrowing at C4-C5, and at C5-C6 and C6-C7 there are foraminal

disc osteophyte complexes resulting in abutment of the exiting cervical nerve roots bilaterally at these levels. A lumbar spine Magnetic Resonance Imaging done on 04-27-20125 revealed multilevel disc protrusion with mild abutment of exiting nerve roots. Urine drug screen done on 07-30-2015 and was consistent. On 09-01-2015 the Utilization Review non-certified the request for Oxycodone tabs 10mg 1 q6h #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone tab 10mg 1 q6h #120: Overturned

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, long-term assessment.

Decision rationale: MTUS Guidelines support the careful use of opioid drugs when there is clear documentation of meaningful pain relief, support of functioning and a lack of intolerable side effects and drug related aberrant behaviors. This individual meets these Guideline criteria. There is upwards of 20% pain relief which is reported to assist in ADL's and physical activity. Under these circumstances, the Oxycodone tab 10mg 1 q6h #120 is supported by Guidelines and is medically necessary.