

Case Number:	CM15-0028360		
Date Assigned:	02/20/2015	Date of Injury:	02/06/2012
Decision Date:	04/03/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/14/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 44 year old female, who sustained an industrial injury on 2/6/12. She has reported neck injury. The diagnoses have included anterior-posterior fusion C4-C5 with left sided C6 and C7 foraminotomy, previous C5 through C7 anterior cervical discectomy and fusion, severe dysphagia, low back pain and left leg sciatica and weakness. Treatment to date has included anterior-posterior fusion C4-C5 with left sided C6 and C7 foraminotomy, physical therapy and oral medications. Currently, the injured worker complains of cervical spine pain that radiates to the upper extremities, increasing left upper extremity neuropathic pain (burning and electrical pain with numbness and tingling). Progress note dated 1/5/15 noted the injured worker underwent outpatient opioid detox program and successfully reduced her opioid medication by 50% in one month, is doing much better and her depression has improved. On 1/14/15 Utilization Review submitted a modified certification Oxycodone IR 15mg #180, noting documentation stated the injured worker noted improved pain and function with current opioid regimen and reduced the total med and clinical progress note clinician indicates a request for 90 tablets. The MTUS, ACOEM Guidelines, was cited. On 2/14/15, the injured worker submitted an application for IMR for review of Oxycodone IR 15mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycotin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The medical documentation provided indicates this patient is currently weaning from this medication. The treating physician's notes state they are requesting Oxycodone IR 15mg #90, however this review is for #180, which would not be appropriate considering patient's current attempts to wean. As such the question for Oxycodone IR 15 MG #180 is not medically necessary.