

Case Number:	CM15-0061820		
Date Assigned:	04/07/2015	Date of Injury:	04/03/2009
Decision Date:	05/06/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/01/2015

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 55-year-old male who sustained an industrial injury on 04/03/07. Initial complaints and diagnoses are not available. Treatments to date include a cervical and lumbar spinal fusion, epidural steroid injections, a neck brace, and medications. Diagnostic studies include a CT scan of the cervical spine. Current complaints include neck and back pain. Current diagnoses include herniated nucleus pulposus multilevel with stenosis. In a progress note dated 02/18/15, the treating provider reports the plan of care as additional physical therapy. The requested treatment is Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

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 for several months with persistent 8-9/10 pain. There was no indication of a weaning trial or Tylenol failure. The claimant still required invasive procedures for pain control. The continued use of Oxycodone is not medically necessary.