

Case Number:	CM15-0071312		
Date Assigned:	05/22/2015	Date of Injury:	05/03/2005
Decision Date:	06/18/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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 (IW) is a 66-year-old male who sustained an industrial injury on 05/03/2005. He reported neck and back pain. The injured worker was diagnosed as having spondylosis of unspecified site without mention of myelopathy; pain low back; other chronic pain, cervical pain, radiation of cervical pain, left sided cervical radiculopathy with decreased sensation and weakness. Treatment to date has included oral medications. Cervical epidural steroid injections were given in 2007, 2011, and 2012 with benefit. He is on a regimen of Xanax 2mg, Oxycontin ER 60 mg 3 daily, Lyrica 100 mg 3 daily, and Oxycodone 30 mg, 3 daily. He recently (5/2014) saw a spine surgeon who recommended a micro decompression surgery and he is awaiting approval of the procedure. Currently, the injured worker complains of pain in the neck, left arm numbness with numbness in the middle three fingers of the left hand. He also complains of low back pain and associated left leg weakness. On examination, the physician on 02/23/2015 noted myofascial trigger points in the cervical spine, normal shoulder range of motion, bilateral normal reflexes with decreased sensation and motor strength weakness of C6-7. Treatment recommendations from the provider include cervical epidural steroid injections, use of the current medications, and follow up visits at 4 weeks. Oxycodone HCL 30mg, Lyrica 100mg, and Oxycontin ER 60mg are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/OxyContin, Opioids.

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 Oxycontin, 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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. As such, the request for Oxycodone HCL 30mg is not medically necessary.