

Case Number:	CM15-0071580		
Date Assigned:	04/21/2015	Date of Injury:	10/04/2007
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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 64 year old male, who sustained an industrial injury on 10/4/2007. The current diagnoses are status post left shoulder arthroscopy (2009) and status post left knee arthroscopy times three. According to the progress report dated 3/12/2015, the injured worker complains of ongoing pain in his head, neck, shoulders, thoracic spine, lumbar spine, and bilateral upper/lower extremities. The pain is rated 4-7/10 with medications and 8-10/10 without. The current medications are Colace, Lidoderm patch, Trazodone, Baclofen, Prozac, Topamax, Oxycodone, and OxyContin. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, electrodiagnostic testing, cortisone injections, home exercise program, caudal epidural steroid injection, and surgical intervention. The plan of care includes prescription refills for Oxycodone and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg plus 1 post dated scripts #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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 over a year without attempt to taper medications. The claimant is getting pain relief while on 2 opioids, muscle relaxants, tricyclics and topical pain medications. Long-term use can lead to tolerance an addiction. The guidelines allow for up to 120 mg of Morphine equivalent daily. The combined use of Oxycontin and Oxycodone exceeds this amount and the Oxycodone is not medically necessary.

Oxycontin 80mg plus 1 post dated script #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

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

Decision rationale: Norco 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 Oxycontin for over a year without attempt to taper medications. The claimant is getting pain relief while on 2 opioids, muscle relaxants, tricyclics and topical pain medications. Long-term use can lead to tolerance an addiction. The guidelines allow for up to 120 mg of Morphine equivalent daily. The combined use of Oxycontin and Oxycodone exceeds this amount and is the Oxycontin not medically necessary.