

Case Number:	CM15-0076695		
Date Assigned:	04/28/2015	Date of Injury:	03/31/2009
Decision Date:	06/11/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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 54 year old male, who sustained an industrial injury on 3/31/2009. He reported falling off a ladder, injuring his lower back. Diagnoses have included right S1 radiculopathy, L3 through S1 facet arthropathy and multi-level degenerative disc disease. Treatment to date has included surgery, nerve root block, spinal cord stimulator, physical therapy and medication. According to the progress report dated 2/12/2015, the injured worker complained of pain in his low back that referred into the right hip and down the right leg. He rated his pain as 11/10 in intensity; reduced to 8/10 with the use of his current medications. Current medications included Xanax, Zanaflex, Fioricet, Fentanyl and Oxycodone. Authorization was requested for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 78-80, 92, 124.

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 in combination with Fentanyl. Although there is good pain control, the combined dose of opioids exceeds the 120 mg of Morphine recommended for daily use. In addition, there was no mention of a weaning program or trial of lower dose. Continued use of Oxycodone as above is not medically necessary.