

Case Number:	CM14-0173120		
Date Assigned:	10/23/2014	Date of Injury:	08/02/2012
Decision Date:	11/25/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in General Preventive Medicine and is licensed to practice in Indiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This employee is a 45 year old male with date of injury of 8/2/2012. A review of the medical records indicate that the patient is undergoing treatment for cervical, thoracic, and lumbar strain and sprain with radiculopathy. Subjective complaints include continued shooting pain in his neck and lower back, with radiation to his left arm and left leg; he has numbness and tingling in his left hand. Objective findings include limited range of motion of the cervical, thoracic, and lumbar spines with tenderness upon palpation of the paravertebrals; MRI of the cervical spine showing a 1mm protrusion at the C5-C6 level and EMG of the lower extremity showing radiculopathy at S1. Treatment has included oxycodone (since May 2014), physical therapy, and acupuncture. The utilization review dated 10/13/2014 partially certified Oxycodone 5mg MED 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone cap 5mg #30 MED7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use Of Opioids Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use Of 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. The request for Oxycodone 5 mg is not medically necessary.