

Case Number:	CM13-0065869		
Date Assigned:	05/07/2014	Date of Injury:	11/29/2002
Decision Date:	07/09/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

The patient is a 50-year-old female who has submitted a claim for degeneration of cervical intervertebral disc, and neck sprain; associated from an industrial injury date of 11/29/2002. Medical records from 02/24/2010 to 11/13/2013 were reviewed and showed that patient complained of posterior neck pain, graded 7-8/10. The pain was characterized as severe, constant aching, burning, and numbness radiating to the bilateral shoulders and hands. Physical examination showed cervical tenderness aggravated by movement, radiating to the bilateral shoulders and occipital scalp. Flexion, rotation, and extension were limited to 30 degrees, 90 degrees, and return to normal, respectively. Spurling's test was positive. There was dysesthesia along the lateral upper arms and forearms. Treatment to date has included Pennsaid solution, Oxycodone solution, Butrans patch, Norflex, Norco, Voltaren gel, Celebrex, Lyrica, trazodone, cervical epidural steroid injection, and laparoscopic band surgery (10/29/2013). Utilization review, dated 12/02/2013, certified the request for oxycodone solution to allow the primary treating physician extra time to provide a rationale for the use of liquid opioid medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL CR SOLUTION :200 MG /ML :QTY 200 ML RELATED TO CERVICAL /LEFT UPPER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th Edition McGraw Hill, 2006.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids since 2013; there has been continued pain relief and a lack of adverse side effects. The patient is closely monitored and considered for taper. However, patient had recent gastrointestinal (GI) surgery and requires all medications to be in liquid form. The use of opioids in oral solution is recommended at this time. Therefore, the request for Oxycodone HCL CR solution 200 mg /ml, quantity 200 ml (related to cervical/left upper extremity) is medically necessary.