MAXIMUS Federal Services

Case Number:	CM14-0005230		
Date Assigned:	01/24/2014	Date of Injury:	10/30/2001
Decision Date:	06/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 injured worker is a male who reported an injury on October 30, 2001. The mechanism of injury was not provided in the clinical documentation. Per the clinical note dated July 5, 2012 the injured worker reported worsening pain across the shoulder girdle area and a severe cramping sensation in his shoulders. He was requesting a muscle relaxer. Upon physical examination the injured worker was reported to have limited neck range of motion, however, valsalva and Hoffman signs were negative and upper extremity strength, sensation and deep tendon reflexes were intact. There was a positive Tinels to the right elbow and mildly positive Finkelstein's to bilateral wrists. Per the clinical note dated December 28, 2012 the injured worker reported his primary physician had stopped his norco due to elevated liver tests. The injured worker reported taking 6 norco per day along with Mobic for inflammation and skelaxin for spasms. The injured worker reported his pain at 8/10 with pain medications and he is barely functional throughout the day. Per the clinical note dated February 21, 2013 the injured worker had been using the oxycodone but stated it was not strong enough. Per the physician the injured worker rated his pain at 8/10, however, he appeared comfortable and in no acute distress. The injured worker's oxycontin was increased to 15mg tablets and he was advised to take no more than four per day. According to the clinical note dated March 20, 2013 the injured worker was reportedly taking 6 of the oxycodone tablets per day and was still reporting pain at 8/10. According to the clinical note dated June 19, 2013 the injured worker was reportedly using greater than six 15mg oxycodone tablets per day with pain reported at 8/10. Per the clinical note dated September 10, 2013 the injured worker's pain medication was changed to dilaudid 4mg tablets 4 times per day. The injured worker still reports pain at 7/10 with the medication. Per the clinical note dated November 5, 2013 the injured worker had returned to taking oxycodone 15mg tablets 6 per day as the dilaudid caused itching. Per the clinical note dated December 3, 2013 the injured worker

reported itching with the oxycodone as well and was taking Benadryl 25mg twice a day. The request for authorization for medical treatment was dated December 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF OXYCODONE IR 15 MG QUANTITY 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. Per the physician's notes the injured worker was using the pain medications in excess of the physician's orders and was still reporting pain at 7-8/10 and only barely able to function. Guidelines state opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. The injured worker continued to report pain at 7-8/10 and no significant increase in function or physical activity. There was a lack of documentation that the injured worker had any improvement in pain or functionality even with the increase in the strength of the medications. In addition, the injured worker was not able to return to work and was placed on social security disability. The request for one prescription of Oxycodone IR 15 mg, 180 count, is not medically necessary or appropirate.

ONE PRESCRIPTION OF BENADRYL 125 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes Of Health.

Decision rationale: The recommended dose of Benadryl is 25-50mg three times a day. Overdose can occur with this medication, the symptoms of Benadryl overdose can include agitation, blurred vision, coma, confusion, convulsions, delirium, diarrhea, drowsiness, dry cotton-like

mouth, flushing on the face and skin, inability to urinate, incoherence, lack of sweat, low grade fever, movement problems, nausea, rapid heart rate, stomach pain, and unsteadiness. The injured worker reported itching with the oxycodone and was taking Benadryl 25mg twice a day. The request for one prescription of Benadryl 125 mg is not medically necessary or appropriate.