

<b>Case Number:</b>	CM14-0007988		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/02/1996
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Occupational Medicine 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:

This is a 66-year-old male with an 8/21/96 date of injury. The patient was seen on 12/30/13 with neck pain complaints, a 10/10 without medication and an 8/10 with medication. The patient also has a history of a right shoulder fracture with an open reduction and internal fixation and subsequent removal of hardware. The exam findings of the neck revealed decreased range of motion of physical exam, as well as a positive cervical compression test. Otherwise, the upper extremities had no evidence of neurologic deficits. The patient was noted to be on an MED of 67.5. The patient's diagnosis is disc herniation at C5-6 and severe facet arthrosis. Urine drug screens are noted to be appropriate. He has stated on other occasions that this medication has enabled him to perform certain activities of daily living' such as gardening, and that he gets a 50% improvement from his medications. He is also able to perform a home exercise program with his medications. The treatment to date is injections, medications, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MEDICATION REVIEW FOR OXICODONE 15MG #90, AS OUTPATIENT FOR NECK PAIN: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates  
Page(s): 78-82.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has a 1996 date of injury. It is unclear how long the patient has been on this medication (would appear to be Oxycodone and not Oxycodone), and there is no description of a long term treatment plan for this patient's pain, or that there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is also no imaging of the cervical spine available for review, or that the patient's neck pain is moderate to moderately severe as recommended by the guidelines. There is no statement that this patient is at MMI and will need to be on opiates for life. There is no mention that a taper was initiated and ever took place. Given this, the request for 1 medication review for oxycodone 15 MG #90, as outpatient for neck pain was not medically necessary.