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| Case Number: | CM14-0100204 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 06/06/2012 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 06/24/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old male was reportedly injured on 6/6/2012. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 7/1/2014, indicates that there are ongoing complaints of neck pain, low back pain, and right shoulder pain. The physical examination demonstrated cervical spine: limited range of motion, Spurling's produces neck pain, but not radicular symptoms. Right shoulder range of motion produces pain more than left shoulder. Lumbar range of motion flexion 45 degrees, extension 20 degrees. Deep tendon reflexes are intact and symmetrical bilateral upper/lower extremities. Motor strength 4/5 right upper extremity, left upper extremity and bilateral lower extremity motor strength 5/5. Sensory exam reports diffuse abnormalities in the right side dermatome especially the thumb, index, small and ring finger. Diagnostic imaging studies include a CT scan of the cervical spine dated 6/16/2014 which reveals solid arthrodesis at C5-C6, probable pseudo arthrosis at C6-C7, and advanced disc degeneration at C4-C5. Mild foraminal stenosis at C5-C6. C4-C5 there is canal stenosis. C3-C4 is some mild foraminal stenosis. Treatment includes anterior cervical discectomy/fusion, tourism injection of the shoulder, physical and aquatic therapy, psychiatric treatment, and medications. A request had been made for oxycodone 10 mg #90, and was not certified in the pre-authorization process on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg "90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74, 78, 93.

Decision rationale: MTUS guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.