

Case Number:	CM14-0105551		
Date Assigned:	08/13/2014	Date of Injury:	12/29/2000
Decision Date:	09/26/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/08/2014

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:

The claimant was injured on 12/29/00 when a concrete brick fell on his head. Oxycodone/APAP is under review. He has been prescribed multiple medications over the past approximately one year including oxycodone/APAP, Soma, meclizine, butalbital/APAP/caffeine, modafinil, duloxetine, ropinirole, flurazepam, DOK Plus, and quetiapine. He injured his head and back and had hearing loss and psych problems. He had a closed head injury with concussion and postconcussion syndrome with cognitive impairment, a sleep disturbance, headaches, episodic dizziness, anxiety, and depression. He also had low back injury and was status post lumbar spinal surgery. He had chronic pain and had epidural injections and trigger point injections. He also has been treated for mantle cell lymphoma and prostate disease and both were in remission. He was prescribed oxycodone 60 mg which was less than the upper limit of 120 but more than the 50 mm milligrams per day limit per the more recently published opioid guideline. He was taking other medications that were sedating. He was evaluated on 09/10/13 by [REDACTED]. His medications were being monitored at monthly intervals. He presented for a neurological reevaluation. His medications were listed and he had normal strength, sensation, and reflexes. On 10/08/13, he was again reevaluated for medical monitoring. He was still taking multiple medications. There was no change in his condition. He was receiving Percocet. On 11/12/13, he was stable and was permanent and stationary. He has continued to receive medications and his medications have been monitored over time. He was taking Percocet 10/325 4 times per day. He was on other medications. Physical examination was unremarkable. On 02/11/14, no side effects of medications were noted. He continued on Percocet. On 03/11/14, he was seen again. He was alert and pain free and doing quite well. He was still receiving Percocet. His other medications were not listed. On 04/15/14, [REDACTED] stated that the Halcion had been denied and Dalmane was ordered. He continued Percocet. On 05/21/14, he was also taking multiple

other medications. He had some difficulties with confusion. On 06/18/14, there was no change in his medications. He was taking Percocet 325 [sic] 4 times per day. On 07/23/14, he still had headaches and some difficulty organizing his thoughts. He was to discontinue Dalmane and instead was given Halcion. He was having an exacerbation of his sleep disorder and was more restless with sleep. He was not responding to Fioricet and it was discontinued. He was to continue taking Percocet 10/325, DOK Plus tablets, Seroquel, Provigil, Soma, Cymbalta, and meclizine. He remained permanent and stationary. On 08/20/14, he saw [REDACTED] and had headaches and cognitive impairment with difficulty organizing his thoughts. He was trying to switch back to Halcion from Dalmane. He had better control of his condition with Halcion. He was still using Percocet for pain at 10/325 4 times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10-325mg, days supply 30, Quantity 120, MED 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 79-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids for Chronic Pain Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for the opioid, oxycodone/APAP 10-325 mg, 30 days supply, #120, MED 60. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, "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." There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that he has been involved in an ongoing rehab program to help maintain any benefits he receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of oxycodone/APAP is unclear other than he takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the request of the ongoing use of oxycodone/APAP 10-325 mg, 30 days supply, MED 60 is not medically necessary.