

Case Number:	CM14-0016130		
Date Assigned:	02/21/2014	Date of Injury:	10/30/2001
Decision Date:	08/05/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 50-year-old male with an 11/21/01 date of injury. The mechanism of injury was not noted. In a progress report dated 12/31/13 the patient reported constant neck pain with radiation into both arms, elbows, wrists, and hands. Numbness and tingling was reported in both hands and he cannot grip or grasp anything heavy. He reported a 50% improvement functional improvement with the prescribed medications. The cervical range of motion was limited with rotation from right to left at 60 degrees and flexion/extension was 20 degrees. The cervical compression, Valsalva and Hoffman sign were negative. The rigidity was palpated across the cervical trapezius muscles. Both wrists were positive for Tinel's and Phalen's signs. The Diagnostic impression showed cervical sprain/strain with chronic neck pain with underlying spondylosis, chronic bilateral epicondylitis, carpal tunnel syndrome, depression and anxiety disorder, and elevated liver enzymes with a history of chronic hepatitis B. Treatment to date consists of medication management and activity modification. Although the physician states function was improved 50% with medication, the documentation does not support this claim. Also, the prior requests have been certified for weaning purposes. There are no issues with abuse or aberrant behavior, urine toxicology has shown compliance, and an opiate contract is in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE IR 15 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiages Page(s): 78-81.

Decision rationale: The California 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. In a 9/10/13 the patient was noted to have no side effects from the Dilaudid as he previously had with oxycodone. However, there is no documentation as to what type of side effects the patient experienced with oxycodone that led the provider to discontinue the medication completely. It is unclear why the patient requested discontinuation of Dilaudid and wanted to restart oxycodone, in light of the fact those 3 months prior the patient had to stop oxycodone due to adverse side effects. The Guidelines do not support opiate use in the presence of side effects. Therefore, the request for Oxycodone IR 15 mg #180 was not medically necessary.