

Case Number:	CM14-0144539		
Date Assigned:	09/12/2014	Date of Injury:	12/01/2005
Decision Date:	11/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/05/2014

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 Alabama. 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 patient is a 44 year old female who reported an injury on 12/01/2005. The mechanism of injury is unknown. Prior medication history included Opana 30 mg and Oxycodone 15 mg. There is no record of any other therapies. Clinical note dated 07/02/14 indicated that the patient reported her neck pain had worsened. It was noted that she had been stable on her medication regimen. On exam, there was tenderness to palpation of the cervical spine and myofascial spasms in the upper back. Per the 07/31/14 office note the patient reported pain, worst in the right upper arm, right elbow, and right 4th and 5th fingers. On exam, there was noted decreased sensation in the right C5, C7, and C8 dermatomes. She was diagnosed with cervical facet arthropathy, myofascial spasm, cervical radiculopathy, cubital tunnel syndrome and carpal tunnel syndrome. The patient was recommended to continue with Opana ER 30 mg X 60 and Oxycodone 15mg X 180. Prior UR dated 8/7/2014 modified the request for Opana ER 30 mg X 30 and Oxycodone 15 mg X 90 to allow for weaning because the medical records provided indicates an ongoing prescription for Opana ER and Oxycodone since at least 07/02/2014. The patient continued to report increasing pain. There is a lack of documentation regarding significant pain relief, objective functional improvements, appropriate medication use and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 30mg X 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-96.

Decision rationale: The above MTUS guidelines for ongoing opioid management states "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids... the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is inadequate documentation of the 4 A's per above guidelines. The patient has been on ongoing oxycodone and opana from as early as the note on 5/9/14. Note from 7/2/14 states "neck pain worsened x 1 wk. Has... stable on current med regimen" but does not address the 4 A's as per above guidelines. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request for Opana is not medically necessary.

Oxycodone 15mg X 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-96.

Decision rationale: The above MTUS guidelines for ongoing opioid management states "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids... the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is inadequate documentation of the 4 A's per above guidelines. The patient has been on ongoing oxycodone and opana from as early as the note on 5/9/14. Note from 7/2/14 states "neck pain worsened x 1 wk. Has... stable on current med regimen" but does not address the 4 A's as per above guidelines. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request for Oxycodone is not medically necessary.