

Case Number:	CM14-0163195		
Date Assigned:	10/08/2014	Date of Injury:	04/20/2001
Decision Date:	10/31/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/03/2014

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, has a subspecialty in Interventional Spine 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 patient is a 63 year old female with an injury date of 04/20/01. Based on the 09/17/14 progress report provided by [REDACTED], the patient complains of neck pain rated 9/10 that radiates to the left arm. Medications reduce pain to 4/10. Physical examination to the cervical spine revealed tenderness to palpation at the left upper trapezius and left shoulder girdle with active trigger points. Range of motion is decreased, especially on left lateral flexion 15 degrees. The patient has improved quality of life and medications allow her to work, volunteer, be active 8 hours daily taking part in family life and limited outside social activities. Per Opiate risk tool, patient's score is 5, which indicates moderate risk. Urine drug screen was done on 06/18/14. Patient has not demonstrated current substance use disorder. She has not experienced any side effects to the prescribed medications, which include Atenolol, Flexeril, and Xanax. Effexor, Trazodone, Motrin, Symbicort inhaler, Albuterol and Oxycodone. Diagnosis 09/17/14:- superior glenoid labrum lesion, chronic- neck pain, chronic- pseudoarthrosis- disorders of bursae and tendons in shoulder region, unspecified, chronic- chronic pain syndrome, chronic- anxiety-depression- COAT- rotator cuff repair- headache- myalgia, myositis, unspecified, chronic- degenerative disc disease cervical, chronic- PTSD- pain in joint involving shoulder region [REDACTED] [REDACTED] is requesting Oxycodone HCl 15mg for chronic pain Qty: 90. The utilization review determination being challenged is dated 10/01/14. The rationale is: "lacking documentation of objective functional improvement..." [REDACTED] is the requesting provider, and he provided treatment reports from 01/28/14 - 09/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15mg for chronic pain QTY: 90: Overturned

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, on-going management Page(s): 88, 89, 78.

Decision rationale: The patient presents with neck pain that radiates to the left arm. The request is for Oxycodone HCl 15mg for chronic pain Qty: 90. Her diagnosis dated 09/17/14 includes chronic degenerative disc disease cervical, chronic neck pain and chronic pain syndrome. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treating physician report dated 09/17/14, Oxycodone which is included in patient's list of medications reduces pain from 9/10 to 4/10, allowing her to work, volunteer, be active 8 hours daily taking part in family life and limited outside social activities. Without the medications, patient stays in bed at least half the day and has no contact with the outside world. Per Opiate risk tool, patient's score is 5, which indicates moderate risk. Urine drug screen was done on 06/18/14. She has not demonstrated current substance use disorder. She has not experienced any side effects to the prescribed medications. In this case, treating physician has addressed the 4A's, adequate documentations have been provided including numeric scales and functional measures that show significant improvement. The request is medically necessary.