

Case Number:	CM14-0170591		
Date Assigned:	10/20/2014	Date of Injury:	09/02/2004
Decision Date:	11/28/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 Management and is licensed to practice in Texas & Florida. 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 59 year old female who was injured on 9/2/2004. The diagnoses are neck pain, upper extremities pain, fibromyalgia and complex regional pain syndrome. On 10/17/2014, Dr. [REDACTED] noted that the patient complained that she could not function. She was looking very tired, exhausted and fatigued. The patient said she had become resistant to opioids. The pain score was reported to be 7-8/10 with medications and 9-10/10 without medications. It was noted that the patient was approved for spinal cord stimulator but she had not decided to proceed. The records were hand written and mostly illegible with limited documentation on objective findings. The UDS was consistent. The medications are OxyContin, Oxycodone and Gralise for pain, Ativan, Ambien, Cymbalta and Soma for non-clearly documented indications. A Utilization Review determination was rendered on 10/3/2014 recommending non-certification for Oxycodone 30mg #60 and Oxycodone 20mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 20mg; no refills requested Quantity:120, Requested Provider: [REDACTED]
[REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Mental Illness and Stress Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized in the treatment of severe musculoskeletal pain that did not respond to treatment with standard NSAIDs and PT. The chronic use of opioids medications is associated with the development of tolerance, dependency, sedation, addiction, hyperalgesia and adverse interaction with other sedatives and psychiatric medications. The records do not indicate subjective report of beneficial analgesia from the use of the opioids. The patient reported that she was now resistant indicating a hyperalgesia state. There is no documentation of functional restoration. There is documentation of severe adverse effects from the use of high dose opioids and multiple sedatives. The patient was very tired, exhausted, fatigued, puffy and unable to function. The guidelines recommend that patients who are utilizing high dose opioids with other sedatives and psychiatric medications should be referred to Multidisciplinary Pain Programs or Psychiatry / Addiction Clinics for safe weaning. The criteria for the use of Oxycodone 20mg #120 were not met. Therefore this request is not medically necessary.

Oxycodone 30mg; no refills requested Quantity:60, Requested Provider: [REDACTED]
[REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94,124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized in the treatment of severe musculoskeletal pain that did not respond to treatment with standard NSAIDs and PT. The chronic use of opioids medications is associated with the development of tolerance, dependency, sedation, addiction, hyperalgesia and adverse interaction with other sedatives and psychiatric medications. The records do not indicate subjective report of beneficial analgesia from the use of the opioids. The patient reported that she was now resistant indicating thus a hyperalgesia state. There is no documentation of functional restoration. There is documentation of severe adverse effects from the use of high dose opioids and multiple sedatives. The patient was very tired, exhausted, fatigued, puffy and unable to function. The guidelines recommend that patients who are utilizing high dose opioids with other sedatives and psychiatric medications should be referred to Multidisciplinary Pain Programs or Psychiatry / Addiction Clinics for safe weaning. The criteria for the use of Oxycodone 30mg #60 were not met. Therefore, this request is not medically necessary.