

Case Number:	CM14-0172235		
Date Assigned:	10/23/2014	Date of Injury:	02/12/1996
Decision Date:	12/02/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 & Rehabilitation 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 injured worker is a 49-year-old female who reported an injury on 02/12/1996. Mechanism of injury was not submitted for review. The injured worker has a diagnoses of complex regional pain syndrome, cervical ankyloses with degenerative disc disease, thoracic ankyloses and kyphosis, left shoulder ankyloses, opiate pain management, spinal cord stimulation pain management, and depression. Past medical treatment consist of use of a TENS unit, trigger point injections, CBT, transforaminal epidural steroid injections, Botox injections, and medication therapy. Medications consist of fentanyl spray, OxyContin, oxycodone, clonazepam, Gabitril, Cymbalta, and Pennsaid solution. On 10/08/2014, the injured worker complained of cervical spine pain, thoracic spine pain, and left shoulder pain. Physical examination of the cervical spine revealed thoracic junction kyphosis measured at 40 degrees. Tenderness to palpation remained. Taut bands were found at myofascial trigger points with twist response in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck. Range of motion revealed a flexion of 5 degrees, extension of 10 degrees, right lateral bending 10 degrees, and left lateral bending 10 degrees. Physical examination of the shoulders revealed range of motion had increased in adduction by 10 degrees since the trigger point injection. Range of motion of the left shoulder was flexion of 45 degrees, extension of 30 degrees, adduction of 10 degrees, abduction of 70 degrees, internal rotation of 75 degrees, and external rotation of 70 degrees. The left upper extremity exhibited a moderate amplitude tremor that increased with minimal upper extremity activity. Pain inhibited 4/5 weakness remained in the left upper extremity. The left shoulder was held in adduction. The medical treatment plan is for the injured worker to continue medication therapy. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Oxycodone, ongoing management Page(s): 75, 78.

Decision rationale: The request for oxycodone 5mg #60 is not medically necessary. The documentation dated 10/08/2014 indicated that the injured worker had been the medication since at least 05/2014. The submitted documentation did not indicate the efficacy of the medication nor did it indicate that it was helping with any functional deficits. Additionally, there were no urinalysis or drug screens submitted for review showing that the injured worker was compliant with prescription medications. There were no assessments submitted for review showing what pain levels were before, during, and after medication administration. Furthermore, the request as submitted did not indicate a frequency or duration for the medication. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request for oxycodone 5mg #60 is not medically necessary.