

Case Number:	CM14-0027598		
Date Assigned:	06/13/2014	Date of Injury:	01/26/2006
Decision Date:	07/16/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/04/2014

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 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:

This 64 year-old male patient sustained an injury on 1/26/06 while employed by [REDACTED]. Request under consideration include OXYCODONE HCL 10 MG # 120. Report of 2/20/14 from the provider noted patient with right shoulder pain rated at 3/10, increased low back pain rated at 8/10 and flare-up of neck and upper back pain rated at 3/10. Medications list Ibuprofen, Ambien, Oxycodone, Opana, Norflex, MS Contin, Advil, Alex, and Omeprazole. Exam of right shoulder showed healed surgical scar with limited active range of motion; lumbar spine with antalgic gait, use of straight cane, tender left lumbar paraspinal muscles, facet joint and gluteal region; limited range with nerve root tension signs; upper spine showed 50% reduction in cervical range with spasm and tenderness over bilateral paraspinal and trapezius muscles. Diagnoses included cervical radiculopathy, Left L4 radiculitis/ lumbar intervertebral disc; chronic pain with difficulty sleeping; closed fracture of C6 vertebra; CTS; and shoulder pain. Treatment included cervical epidural injection, Oxycodone and MS Contin. The request for OXYCODONE HCL 10 MG # 120 was non-certified on 2/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE HCL 10 MG # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) page 74-96, On-Going Management.

Decision rationale: This 64 year-old male patient sustained an injury on 1/26/06 while employed by [REDACTED]. Request under consideration include OXYCODONE HCL 10 MG # 120. Report of 2/20/14 from the provider noted patient with right shoulder pain rated at 3/10, increased low back pain rated at 8/10 and flare-up of neck and upper back pain rated at 3/10. Medications list Ibuprofen, Ambien, Oxycodone, Opana, Norflex, MS Contin, Advil, Alrex, and Omeprazole. Exam of right shoulder showed healed surgical scar with limited active range of motion; lumbar spine with antalgic gait, use of straight cane, tender left lumbar paraspinal muscles, facet joint and gluteal region; limited range with nerve root tension signs; upper spine showed 50% reduction in cervical range with spasm and tenderness over bilateral paraspinous and trapezius muscles. Diagnoses included cervical radiculopathy, Left L4 radiculitis/ lumbar intervertebral disc; chronic pain with difficulty sleeping; closed fracture of C6 vertebra; CTS; and shoulder pain. Treatment included cervical epidural injection, Oxycodone and MS Contin. The patient continues with chronic persistent pain for this 2006 injury on multiple opiates, namely Oxycodone HCL, Opana, and MS Contin for dosing of MED of 240 mg which far exceeds guidelines recommendations especially in light of lack of functional benefit derived from treatment rendered, remaining TTD per report of 1/13/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The OXYCODONE HCL 10 MG # 120 is not medically necessary and appropriate.