

Case Number:	CM14-0035095		
Date Assigned:	06/23/2014	Date of Injury:	07/01/2011
Decision Date:	07/24/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/21/2014

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 Illinois. 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 37-year-old male who reported an injury on 07/11/2011 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 05/28/2014, the injured worker presented for pharmacological management and complained of neck pain. It was noted that the injured worker reported physical therapy had been beneficial in the past for the shoulder and neck, but had been interrupted. It was also annotated that the injured worker continued to wean medications effectively. It was also noted that he was under the care of a psychologist but had yet undergone psychological therapy. Prior treatments include physical therapy and pain medications. The injured worker's prescribed medication regimen included Oxycodone immediate release 10 mg 2 tablets 3 times a day and 1 to 2 tablets at bedtime, #200. The physical examination of the cervical spine included tenderness at axial cervical spine and normal range of motion. The diagnoses included shoulder impingement, degeneration of cervical disc, and prolonged depression of reaction. It was noted that the injured worker was not exhibiting aberrant drug related behavior or any significant side effect profile to currently prescribed opioid therapy by any route. It was also noted that the injured worker's analgesic response was challenged. It was also noted that the injured worker's activities of daily living were reflective of a total pain related impairment score of 47, placing the injured worker in a moderately severe impairment category. The treatment plan included the continuation of Oxycodone immediate release as prescribed with the injured worker weaning the medication effectively, a referral for cognitive behavioral therapy, a request for physical therapy to the neck and left shoulder, and genetic testing. The request for authorization for Oxycodone immediate release 10 mg #240 was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Immediate Release 10mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment of Workers Compensation, Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (on going management) page(s) 78, Opioids for chronic pain page(s) 80, Opioids, specific drug list, page(s) 92 Page(s): 78, 80, 92.

Decision rationale: The request for Oxycodone immediate release 10 mg #240 is not medically necessary. The California MTUS Guidelines state that opioids for chronic back pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Oxycodone immediate release is indicated for moderate to severe pain. The analgesic dose for immediate release tablets are 5 mg every 6 hours as needed. The guidelines also state for ongoing management, the lowest possible dose should be prescribed to improve pain and function. The domains for ongoing monitoring of chronic pain include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The guidelines also state to aid in pain and functioning assessment, the injured worker should be requested to keep a pain diary that includes entries such as pain generators, and incidence of end of dose pain. It is also noted that consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. In the clinical notes provided for review, it is annotated that the injured worker has been weaning off medications; however, it is noted that the injured worker has been on Oxycodone immediate release since 08/2013. There is lack of documentation of the injured worker's pain medication regimen to include the annotation of weaning from the prescribed medication. It is only stated that the injured worker continues to wean medications effectively; as such, there is a lack of the frequency of which the medication is to be taken. Furthermore, the guidelines state that the lowest possible dose should be prescribed to improve pain and function and frequency. Therefore, the request for Oxycodone immediate release 10 mg #240 is not medically necessary.