

Case Number:	CM14-0041520		
Date Assigned:	06/20/2014	Date of Injury:	04/23/2002
Decision Date:	07/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/15/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 58 year old male who was injured on 4/23/2002. He was diagnosed with cervical pain and radiculopathy to left arm. He had been treated with a variety of oral medications including NSAIDs, sleep aids, opioids, anti-depressants, and gabapentin. He also was also treated with surgery (neck fusion) and exercises. On 4/22/13 he was recommended a trial of Oxycodone 15 mg four times a day after stopping Percocet. On A weaning off of his opioids had begun on 8/19/13 (oxycodone 15 mg 4 times a day to three times per day as needed for breakthrough pain) due to no documentation of significant improvement, and this wean was intended to continue through the time of the request for a refill of his Oxycodone. The worker's treating physician noted on 12/9/13 that he was independent with home chores and other activities of daily living with his medication use. On 3/3/14 the worker was again seen by his treating physician complaining of his neck pain radiating down his left arm and that it had increased since his last visit. He also reported his left arm "falling asleep" if he drives too long. He reported taking Ambien, Colace, Lexapro, Gralise, and Oxycodone 15 mg 3 times daily as needed. He was recommended to increase his Gralise dose if it helps his pain and all other medications including his oxycodone 15 mg #90 were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycodone 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Weaning opioids should include the following: complete evaluation of treatment, comorbidity, and psychological condition, clear written instructions should be given to the patient and family, refer to pain specialist if tapering is difficult, taper by 20-50% per week of the original dose for patients who are not addicted or 10% every 2-4 weeks with slowing reductions once 1/3 of the initial dose is reached, switching to longer-acting opioids may be more successful, and office visits should occur on a weekly basis with assessments for withdrawal. The worker in this case had been using opioids chronically and was recommended by previous utilization reviews to wean off as it had not been significantly improving function and pain according to what was documented. Close to the time of the request, the worker's pain had increased and the oxycodone was continued at the same dose and frequency. There had been no decrease in the dose of oxycodone since 8/19/13 regardless of recommendations to wean or document functional improvement and pain relief with the current dosing. Still, no documentation found in the notes provided suggests his oxycodone use was significantly benefitting him and is therefore not medically necessary.