

Case Number:	CM14-0050330		
Date Assigned:	06/25/2014	Date of Injury:	03/04/2005
Decision Date:	07/22/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Washington. 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 52-year-old female who reported an injury on 03/04/2005. The mechanism of injury was not provided within the documentation. The injured worker had prior treatments of medications and trigger point injections. Her diagnoses were noted to be right shoulder impingement syndrome and tendonitis, lumbosacral sprain; left anterior thigh contusion/abrasion, resolved, right upper extremity chronic regional pain syndrome; status post anterior cervical discectomy and partial corpectomy with interbody fusion, C5-6; and status post permanent implantation of cervical spinal cord stimulator 05/2012. The injured worker had a clinical evaluation on 02/20/2014. She indicated that she was experiencing numbness and tingling in her right arm. She described pain shooting up into her head and neck. She stated that recently she had been having increased pain in the tailbone region which was exacerbated by sitting. She also shared that she had been experiencing these symptoms since her spinal cord stimulator removal. The injured worker was provided 2 trigger point injections of 4 cc lidocaine and 1 cc methylprednisolone with a 27 gauge needle. As the medication was injected, the injured worker noted immediate improvement in symptoms. There were no side effects noted. Regarding the discussion, she was instructed to perform her stretching exercises at home to reduce muscle spasms. In regards to her tailbone symptoms, she was advised to ice the area and avoid sitting on hard surfaces. In regards to pain management, the injured worker was provided with new prescriptions. She had been stable on the medication for an extended period of time; therefore, a second prescription was written to be filled in 1 month with the patient to return for re-evaluation in 2 months. The injured worker stated that her pain was decreased and her function was improved with use of these medications and without them she would have significant difficulty tolerating even routine activities of daily living. She denied negative side effects with the medications, including sedation, cognitive impairment, or constipation. There

were no aberrant drug behaviors and she used the medications as prescribed. The provider's rationale for the requested pain medication was provided within the documentation of a clinical note on 02/20/2014. The Request for Authorization for Medical Treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg one (1) to two (2) by mouth (PO) three (3) times a day for nine (9) days:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug-related behaviors. These domains have been summarized as the "4 As," (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, and reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the evaluation on 02/20/2014 fails to give an adequate pain assessment to indicate the request. In addition, the clinical documentation does not provide a rationale for the 9-day dose of Oxycodone. Therefore, Oxycodone 10 mg, 1-2 by mouth 3 times a day for 9 days is not medically necessary and appropriate.