

Case Number:	CM14-0052510		
Date Assigned:	07/07/2014	Date of Injury:	06/03/2010
Decision Date:	08/22/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiologist, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 38-year-old male who reported an injury on 06/03/2010, due to an unspecified mechanism of injury. On 02/05/2014, he reported aching, stabbing, and cramping of the neck with a radiation of pain and numbness to the bilateral upper extremities and down his fingers. He rated his pain at a 5/10. A physical examination revealed tenderness to palpation over the left facet joints, decreased sensation to the C5, C6, and C7 on the left, and absent sensation on the left C8 dermatome; motor strength 5-/5 at the left deltoids and biceps, and 4+/5 for the left internal rotation/external rotators and wrist extensors. He had decreased range of motion to the cervical spine in all places with increased pain upon extension, and a positive spurling's test on the left. His diagnoses were listed as HNP C4-5 and C5-6 with stenosis, cervical radiculopathy, left shoulder impingement and bursitis, and chronic pain syndrome. Medications were listed as oxycodone 15 mg 3 to 4 times a day for breakthrough pain and gabapentin 300 mg 4 times a day. On 11/13/2013 a urine screen showed consistent and a CURES test performed on 11/06/2013 showed consistent as well. Labs performed on 7/09/2013 showed normal hepatic and renal function. Past treatments included acupuncture, epidural steroid injections, and medications. The treatment plan was for a medical lab panel for hepatic and renal function and Oxycodone 15 mg #90 with 1 refill. The Request for an authorization form was signed on 02/05/2014. The rationale for the medical panel was to verify hepatic and renal function and maximize medication safety. The rationale for oxycodone 15 mg #90 was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical lab panel for hepatic and renal function: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Use Page(s): 88-89.

Decision rationale: The request for a medical lab panel for hepatic and renal function is non-certified. The injured worker had been taking opioids for long-term use of 6 months or more. The California MTUS guidelines indicate that the long-term use of opiates of 6 months or more should be re-assessed, with the documentation of pain and functional improvement compared to the baseline. There should be documentation of adverse effects and screening instruments for abuse and addiction. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6 month intervals with a numeric or validated instrument. Based on the clinical information submitted for review, the injured worker's last lab panel was performed over a year ago on 07/09/2013 and showed normal renal and hepatic function. There were no documented signs or symptoms that would indicate that the patient's renal and hepatic systems were not functioning normally. The request for an additional lab panel to assess hepatic and renal function is unclear as there is no indication for its necessity. Given the above, the request is not medically necessary.

Oxycodone 15mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-Term Use Page(s): 88-89.

Decision rationale: The injured worker was noted to be taking Oxycodone 15 mg since at least 10/09/2013. The injured worker had stated that the medications allowed him to work and helped his numbness and tingling. The MTUS guidelines indicate that the long-term uses of opiates of 6 months or more should be re-assessed, with the documentation of pain and functional improvement compared to the baseline. There should be documentation of adverse effects, and screening instruments for abuse and addiction. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit, and functioning should be measured at 6 month intervals with a numeric or validated instrument. Based on the clinical information submitted for review, the injured worker was taking Oxycodone 15 mg 3 or 4 times a day for breakthrough pain, and stated that his medications allowed him to work and helped his numbness and tingling. However, there is a lack of documentation regarding decreased pain, increased level of function, improved quality of life, screening for abuse and addiction and adverse side effects. Without a

proper medication assessment, the request for continued use would not be supported. Given the above, the request is not medically necessary.