

Case Number:	CM14-0061029		
Date Assigned:	07/09/2014	Date of Injury:	02/12/1996
Decision Date:	09/09/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational Medicine 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 is a 51-year-old female with a 2/12/96 date of injury. The mechanism of injury was when the patient tripped and fell over electrical wires, striking a metal filing cabinet in the upper back region as she descended to the ground. According to a 5/21/14 progress report, the patient complained of nerve pain radiating to the left upper extremities. She continued to be able to stand straighter, as she has increased her upright posture. Neck and upper back spasms still occurred with increased movement and physical activity. Spasms continued to persist and cause pain radiating down the left hand into the fingers. Objective findings: tenderness to palpation remained; taught bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck; examination of first rib and scapula caused severe spasm, breath holding, and facial flushing; thoracic spine exhibited severe tenderness to palpation to deep pressure. Diagnostic impression: status post spinal cord stimulator implantation, status post thoracic spine decompression, complex regional pain syndrome, severe left shoulder ankylosis, cervical ankylosis with degenerative disc disease, cervical radiculopathy, cervicalgia, thoracic ankylosis and kyphosis, thoracic outlet syndrome, lumbar pain. Treatment to date: medication management, activity modification, cognitive behavioral therapy, cervical ESI (epidural steroid injection) and surgery. A UR decision dated 3/24/14 denied the request for oxycodone. Although good functional improvement is noted, no references are made to urinary drug testing or the use of a written drug agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg, twice a day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Oxycodone. Decision based on Non-MTUS Citation Official Disability Guidelines www.odg-twc.com, www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to a progress note dated 6/9/14, the provider noted that he plans to wean the patient off oxycodone. He plans to replace oxycodone with cognitive behavioral therapy, TENS unit, and cervical epidural steroid injections. He stated that the patient continues to have significant pain, despite the continued use of multiple opioid medications. It is unclear why the provider is requesting oxycodone at this time when it is documented that he intends to wean the patient off of the medication. Therefore, the request for Oxycodone 5 mg, twice a day #60 was not medically necessary.