

Case Number:	CM14-0070329		
Date Assigned:	07/14/2014	Date of Injury:	12/19/2001
Decision Date:	08/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/15/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 53 year old woman who sustained a work-related injury on December 19, 2001. Subsequently, she developed chronic neck and back pain. Patient has a history of right shoulder surgery, cervical decompression surgery, and carpal tunnel release. According to office note dated on July 8, 2013, the patient was complaining of ongoing, chronic neck pain and chronic Pain. She also reported difficulty with swallowing and an unsteady gait. Her physical examination demonstrated cervical tenderness with reduced range of motion, resolution of muscle strength and reduced sensation in the territory of C6 bilaterally. According to report, dated on January 22, 2014, the patient continued to have chronic neck pain despite chronic treatment with Oxycodone, OxyContin, Norco and Depakote. The provider requested authorization to continue the use for Oxycodone and Depakote.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, 90 day supply #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Ongoing Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-81.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: 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 A's (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. There is no clear justification to continue using Oxycodone. The patient has a history of taking high level of opioids with clear efficacy. There is no documentation of pain breakthrough. Therefore, the prescription of Oxycodone 30mg, 90 day supply #100 is not medically necessary and appropriate.

Depakote 50 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 17-18.

Decision rationale: According to MTUS guidelines, anti-epileptic drug are used for the treatment of neuropathic pain, particularly post herpetic neuralgia and diabetic neuropathy. There is no documentation that the patient developed neuropathic pain. There is no documentation of pain and functional improvement with previous use of Depakote. Therefore, the prescription of Depakote 50 mg #120 is not medically necessary and appropriate.