

Case Number:	CM14-0070373		
Date Assigned:	07/14/2014	Date of Injury:	12/06/2010
Decision Date:	09/12/2014	UR Denial Date:	04/25/2014
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 Anesthesiology, has a subspecialty in Pain Medicine 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 48-year-old male with a reported date of injury on 12/06/2010. The injury reportedly occurred when the injured worker was assaulted by 2 men with crowbars. His diagnoses were noted to include traumatic brain injury, post-traumatic stress disorder, low back pain with suggestions of S1 radiculopathy, left forearm pain with possible involvement of the lateral femoral cutaneous nerve and sensory nerve with burning sensation and localized neuralgia, neck pain, and headache. His previous treatments were noted to include chiropractic care, physical therapy, heat, ice, and medications. The progress note dated 06/16/2014 revealed the injured worker complained of severe headaches, burning in the left arm with numbness, aching in the toes, and pain to the left lower extremity. He rated his pain as 4-5/10 but flares up to 10/10. The injured worker indicated with medications he was able to walk, sit or stand for 50 minutes at the most. The physical examination of the neck revealed tightness of the trapezii, full range of motion, no Spurling's maneuver and tenderness along the occipital ridge. The physical examination of the upper extremities revealed tenderness around the left clavicle and tenderness when raising the shoulder. There was no tenderness with scapular movement and he has full range of motion with the shoulder, wrist and elbow. There was weakness in general in the left arm as compared to the right. The physical examination of his back noted the injured worker could barely lean forward and was just a bit better back with spasms, left greater than right and there was sensitivity and pain at the lumbosacral junction. There was a positive straight leg raise noted on the left side and hypersensitivity of the skin. The neurological examination noted deep tendon reflexes 2+ equal bilaterally and the tone was normal. There was numbness along the outside of the left leg through the buttock and down the calf area outside the left foot and lateral toes. Muscle strength testing showed weakness of the left gluteus, dorsi and plantar flexors were rated 4+/5 but there was not any weakness of the other major groups of the bilateral upper

extremities or lower extremities. The injured worker does have problems with balance and single standing. The Request for Authorization form dated 06/16/2014 was for Oxycodone IR 20 mg, 1, 4 times a day, #120 no refills for pain reduction to 4-6/10 and Nucynta 150 ER twice a day #60 for conversion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 20 mg QTY 240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation (ODG), Opioid MED Calculator.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated with pain medications his pain level was 4-6/10 and without medications 9-10/10. The injured worker indicated he was able to walk, stand and sit longer with the use of medications. There were no adverse effects with the use of medications noted. The urine drug screen performed 07/2013 reveals consistency with drug therapy. Therefore, regarding the evidence of significant pain relief, increased function, absence of adverse effects, and details of consistent urine drug screening, the ongoing use of opioid medications is supported by the guidelines. However, the request failed to provide the frequency at which this medication is to be utilized and the opioid morphine equivalent dosage guideline recommends 100 MED for daily use and the combination of oxycodone and Nucynta equals 210 MEDs which exceeds guideline recommendations. As such, the request is not medically necessary.

Nucynta ER 150 mg QTY 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 80-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation (ODG), Opioid MED Calculator.

Decision rationale: The injured worker's been utilizing this medication since at least 04/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of

opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated with pain medications his pain level was 4-6/10 and without medications 9-10/10. The injured worker indicated he was able to walk, stand and sit longer with the use of medications. There were no adverse effects with the use of medications noted. The urine drug screen performed 07/2013 reveals consistency with drug therapy. Therefore, regarding the evidence of significant pain relief, increased function, absence of adverse effects, and details of consistent urine drug screen, the ongoing use of opioid medications is supported by the guidelines. However, the request failed to provide the frequency at which this medication is to be utilized and the opioid morphine equivalent dosage guideline recommends 100 MED for daily use and the combination of Oxycodone and Nucynta equals 210 MEDs which exceeds guideline recommendations. As such, the request is not medically necessary.