

Case Number:	CM14-0075004		
Date Assigned:	07/16/2014	Date of Injury:	10/21/2001
Decision Date:	08/27/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/23/2014

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 and 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 50-year-old female, who reported injury on 10/21/2001 due to lifting a heavy box of beer. The injured worker has diagnoses of joint pain to the shoulder, lumbar radiculopathy, myalgia/myositis, and post laminectomy syndrome to the lumbar spine. The injured worker's past treatment includes physical therapy, medication therapy, surgery, epidural steroid injections, and spinal cord stimulator trial. A urinalysis was done on 01/06/2014. The results revealed that it was positive for opiates that the injured worker had prescription for. The injured worker complained of lower back pain, bilateral lower extremity pain, the left more than the right, and right shoulder pain. The injured worker rated her pain at a 7/10 with pain medications and a 10/10 without. Physical examination dated 04/28/2014 revealed that the injured worker had bilateral paraspinal muscle and buttocks tenderness. There was tenderness over the sacroiliac joint bilaterally. The injured worker showed a positive impingement test on the right shoulder. Range of motion of the injured worker's back revealed an extension of 15 degrees, flexion of 40 degrees, lateral bend of 15 degrees, and lateral bend of the left 15 degrees. The injured worker's current medications include Cymbalta 60 mg 1 capsule by mouth 2 times a day, Fentanyl patches 1 patch to skin every 48 hours, Gabapentin 600 mg 1 tablet by mouth 3 times a day, Lidocaine patches 1 to 2 patches to skin once a day, Oxycodone/acetaminophen 10/325 mg 1 to 2 tablets by mouth every 4 hours, Tegaderm absorbent, and Trazodone 50 mg 2 tablets by mouth at bedtime. Treatment plan includes nonsteroidal anti-inflammatory medications and non-narcotic analgesics on an as needed basis. Flare ups to 3 times per year might be expected to require 4 sessions of physical therapy for each of those 3 flare ups. Surgery, although remote, on right shoulder could not be excluded. The rationale was not submitted for review. The Request for Authorization was submitted on 01/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-acetaminophen 10-25 mg., 1-2 tablets by mouth every 4 hours, maximum dose 8 tablets per day #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter: Opioids for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 92.

Decision rationale: The request for Oxycodone-acetaminophen 10-25 mg, 1-2 tablets by mouth every 4 hours, maximum dose 8 tablets per day #240 is not medically necessary. The injured worker complained of lower back pain, bilateral lower extremity pain, the left more than the right, and right shoulder pain. The injured worker rated her pain at a 7/10 with pain medications and a 10/10 without. The California Medical Treatment Utilization Schedule (MTUS) guidelines state there is to be 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. The submitted report did not show any of the above. There was no mention of any side effects or how long the medication worked for. The submitted reports did show the injured worker was compliant with drug screens, but long-term opioid use is not recommended. Furthermore, the injured worker's MED exceeds the recommended 120 MED. Given the above, the request for Oxycodone/acetaminophen 10-25 mg 1-2 tablets by mouth every 4 hours, maximum dose 8 tablets per day #240 is not medically necessary.