

Case Number:	CM14-0076170		
Date Assigned:	07/16/2014	Date of Injury:	03/17/1998
Decision Date:	12/31/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/22/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 54-year-old female with date of injury of 03/17/1996. The treating physician's listed diagnoses from 04/30/2014 are: 1. Post laminectomy syndrome 2. Tarsal tunnel syndrome 3. Carpal tunnel syndrome 4. Rotator cuff disorder, NEC According to the 04/14/2014 report the patient continues to complain of neck pain that is burning in nature and is worse with rotation of the head. The patient had cervical facet radiofrequency ablation in September 2013 which provided significant relief. She continues to complain of pain in her bilateral upper extremities including the hands and elbows. The examination shows the patient is well-developed well-nourished in no distress. The patient ambulates without assistance. Tenderness was noted in the bilateral facets at C3 - 5. There is pain with facet loading. There is also tenderness in the bilateral upper traps and inter-scapular muscles with palpation of spasms and multiple trigger points on both sides. Pain with extension and rotation of the neck. The documents include progress reports from 09/30/2013 to 07/07/2014. The utilization review denied the request on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone tab 20mg ER Qty" 90: Overturned

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 Criteria for use of Opioids Page(s): 88 and 89, 78.

Decision rationale: This patient presents with neck pain and bilateral upper extremity pain. The treating physician is requesting Oxymorphone tab 20 mg ER quantity 90 with no refills from the 04/30/2014 report. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed oxymorphone on 09/30/2013. The 02/03/2014 report notes that the patient is having increased pain in the right side of the neck with radiation down to the right arm. The patient states, "without the Opana ER she is not able to function due to her pain level. She states that the Opana ER brings her pain from 10/10 on the VAS down to 5/10. She is able to get out of bed, shower, dress, and fixed meals for herself. She states that the Opana ER brings her baseline pain level down." The patient does report constipation secondary to use of pain medications. The 04/14/2014 report notes that the patient has not demonstrated aberrant drug-seeking behavior and her urine drug screens have been consistent in the past. The treating physician also notes that the patient's DEA Cures report show compliance with prescribed medications. Given that the treating physician has provided the required criteria by MTUS for continued use of this opioid, the request is medically necessary.