

Case Number:	CM14-0077073		
Date Assigned:	07/18/2014	Date of Injury:	09/03/2003
Decision Date:	09/16/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/27/2014

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, 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 59-year-old male with date of injury of 09/03/2003. The listed diagnoses per [REDACTED] dated 05/08/2014 include chronic neck pain and cervical spinal stenosis. According to this handwritten progress report, the patient complains of neck pain. The objective findings show stenosis at C4-C5. No other findings were documented on this report. Records from 12/11/2013 to 07/09/2014 were reviewed. The utilization review denied the request on 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, Quantity 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 On-Going Management, Criteria for Use of Opioids Page(s): 78, 88, 89.

Decision rationale: This patient presents with neck pain. The treater is requesting oxycodone 30 mg quantity #120. The MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or

validated instrument." MTUS page 78 also requires documentation of the 4As 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, time it takes for medications to work and duration of pain relief. The records show that the patient has been taking oxycodone since 12/16/2013. The treater does not provide before and after analgesia, no specifics regarding ADLs to denote significant improvement. No mention of quality of life changes and discussions regarding "pain assessments," as required by MTUS. There are no discussions regarding adverse side effects and aberrant drug-seeking behavior such as a urine drug screen. Recommendation is for denial.