

Case Number:	CM14-0081536		
Date Assigned:	07/18/2014	Date of Injury:	09/18/2007
Decision Date:	09/18/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 male who reported injury on 09/18/2007. He was a pump station operator who was removing old bolts from a valve when he felt pain in his right elbow. The injured worker's treatment history included narcotic pain medication for several years. The worker was evaluated on 05/27/2014, and it was documented the injured worker complained of pain in his neck. His pain level fluctuates depending upon activity level. His average pain level on a visual analog scale was 2/10 with medications allowing for improved function and mood and without medications, 8/10 with decreased function, mood and impaired ability to sleep. He reports the pain occurs constantly, achy, piercing. In addition to the pain, he complained of muscle spasms but no tingling or weakness. Within the documentation submitted, the provider noted the injured worker tried physical therapy for pain relief. He reported he was performing his home exercise program as outlined by prior physical therapy. However, the outcome measurements were not submitted for this review. The injured worker continued to take medication to reduce his pain level with minimum side effects. Medications included Lunesta 3 mg, Percocet 10/325 mg, Flector 1.3% patch, Lidoderm 5% patch and Ibuprofen 800 mg. The provider noted the injured worker has run the gamut of conservative care including physical therapy and was not a surgical candidate. He remains stable on Percocet 10/325 mg every 6 hours and demonstrates function by being able to continue working full time as well as function both at home and psychosocially. Physical examination of the cervical spine revealed tenderness was noted at the paracervical muscles and trapezius. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arms. Motor examination is grossly normal for bilateral upper extremities. Right elbow examination; there was pain and tenderness to palpation on range of motion. Range of motion was full but painful and there was crepitation

noted along the lateral epicondyle. Diagnoses included pain in joint of unspecified site, lateral epicondylitis, and mononeuritis of the arm, not otherwise specified. The request for authorization dated 06/02/2014 was for Oxycodone/APAP 10/325 mg. The rationale was for the injured worker remaining stable on Percocet 10/325 mg every 6 hours and demonstrates functioning by being able to continue working full time as well function both at home and psychosocially.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Opioids.

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

Decision rationale: The MTUS guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief for the injured worker. There was no urine drug screen submitted for opioid compliance. There was lack of documentation of long-term functional improvement goals for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, Oxycodone/APAP 10/325 mg # 120 is not medically necessary.