

Case Number:	CM14-0090152		
Date Assigned:	09/10/2014	Date of Injury:	01/07/2008
Decision Date:	10/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 Alabama. 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 60 year old female who was injured on 01/07/2000. The mechanism of injury is unknown. Prior medication history included oxycodone, Motrin, Xartemis XR 7.5 mg, and ibuprofen. The patient underwent rotator cuff debridement, subacromial decompression resection, and biceps tenotomy, 05/23/2012. The patient had an EMG/NCV performed of the right upper extremity dated 05/28/2014 revealed no abnormal findings of ventral radiculopathy or peripheral neuropathy or carpal tunnel syndrome. Office note dated 05/28/2014 documented the patient to have complaints of shoulder pain, chronic musculoskeletal and nerve pain. She reported her sleep is interrupted secondary to the pain. The patient noted she can walk for an hour twice daily and perform her activities of daily living with her medication treatment. On exam, there is moderate tenderness to palpation over the right cervico-thoracic junction and scapular area. There is also moderate muscle spasm over the trapezius with positive twitch response and taut bands. Range of motion revealed calvarium flexion at 40 degrees; T1 range of motion at 0 degrees; flexion angle at 40 degrees; calvarium extension at 35 degrees and T1 range of motion at 0 degrees. The patient is diagnosed with cervical strain/sprain and cervical radiculopathy. She was recommended to continue with Oxycodone 10/325 mg. Prior utilization review dated 06/05/2014 states the request for Oxycodone 10/325mg 1 Tablet 4 X A Day is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg 1 Tablet 4 X A Day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-96.

Decision rationale: The above MTUS guidelines for ongoing opioid management states "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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, there is no documentation of all 4 A's. Note from 5/28/14 states "oxycodone 10/325 mg, 1 tab four times a day, to quell severe pain, has anodyne symptoms by over 50%" to address the analgesia portion. However, there is no documentation of the adverse effects, aberrant behaviors, activities of daily living improvement, or any drug screening. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.