

Case Number:	CM14-0097112		
Date Assigned:	07/28/2014	Date of Injury:	11/04/2009
Decision Date:	11/21/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/25/2014

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, 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 51 years old male with an injury date on 11/04/2009. Based on the 05/27/2014 progress report provided by [REDACTED], the diagnoses are: 1. Spinal cord injury unspecified 2. Post cervical Lam syndrome According to this report, the patient complains of neck pain. "Since the last visit, quality of life has remained the same. Activity level has remained the same" and "pain level has remained unchanged." The patient has an "antalgic gait has an unsteady gait, has a wide-based gait, spastic, obvious clonus + Babinski, decrease proprioception to motion, bilateral feet, and significant imbalance." Physical exam reveals spasm and tenderness over the thoracic paraspinal muscles bilaterally. Cervical range of motion is restricted. Hoffman's test is positive, bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 06/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/30/2014 to 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg, three times a day quantity #90.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone page 92: Opioids; Pain Treatment Agreement page 89 and O.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 05/27/2014 report this patient presents with neck pain that has remain the same since last visit. The treater is requesting Oxycodone 15mg, #90. Oxycodone was first mentioned in the 01/30/2014 report; it is unknown exactly when the patient initially started taking this medication. The treating physician mentions "current medications- decreases pain to a more tolerable and enable patient to complete daily ADLS (activities of daily living). He says with use of his opiate pain medications, patient is able to care for himself, can sit for 30-45 minutes, can stand and walk for 25 minutes." The patient reports "increased pain and stiffness, standing/walk less than 5 minutes, sit for only 15 minutes without medications." Patient further states "medications are working well." For chronic opiate use, MTUS Guidelines pages 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 (analgesia, ADLs, adverse side effects, and aberrant 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 medication to work and duration of pain relief. Review of reports shows documentation of specific ADL changes with use of medication, along with pain reduction. The patient has spinal cord injury, a neuropathic condition for which chronic opiates are supported per MTUS. The treater needs to provide opiates managements to include urine toxicology and other measures to ensure appropriate behavior. The patient appears to be on a low dose regimen as well. Recommendation is for authorization.