

Case Number:	CM14-0097429		
Date Assigned:	07/28/2014	Date of Injury:	02/02/2010
Decision Date:	09/12/2014	UR Denial Date:	06/20/2014
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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 02/02/2010. The mechanism of injury was repetitive trauma. The injured worker's diagnoses were cervical radiculopathy, elbow pain, cervical pain and entrapment neuropathy of upper limb, carpal tunnel syndrome, shoulder pain, lateral epicondylitis, and wrist pain. The injured worker's past treatments include physical therapy, chiropractic care, cervical facet nerve block, C7-T1 corticosteroid epidural steroid injection, and epicondylar plasma rich protein injection. The injured worker's prior diagnostics were MRI of the cervical spine. The injured worker complained of pain to the right to the neck and lower back rating pain at 3/10 with medication and 9/10 without. On examination dated 07/12/2014, a cervical spine examination revealed paravertebral muscle on the right and tenderness was noted on the left. Tenderness was noted in the rhomboid and trapezius. Spurling's maneuver caused pain in the muscle of the neck radiating to the upper extremity. The lumbar facet loading was positive on both sides. Straight leg raise was negative. The injured worker's medications were trazodone, Lyrica 150 mg, Flexeril 10 mg, Colace 100 mg, Nexium 40 mg, and Percocet 5/325 mg. The treatment plan was for oxycodone/acetaminophen 5/325 mg #90. Rationale for the request was not submitted with review. The Request for Authorization Form was submitted with documentation for review dated 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The request for Oxycodone/acetaminophen 5/325 mg #90 is not medically necessary. According to the California MTUS Guidelines the ongoing management of a patient taking opioid medication should include routine office visits, and detailed documentation on the extent of pain, functional status in regards to the activities of daily living, appropriate medication use, and aberrant drug taking behaviors, and adverse side effects. The pain assessment should include current pain, the least pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief to start, and how long does the pain relief last. The documentation submitted for review indicated that the injured worker's pain rating is a 9/10 without medication and 3/10 with medication. There was no documentation of adverse side effects with the use of this medication. The documentation also noted that the injured worker not to have an issue with aberrant drug taking behavior; however, there was no documentation submitted for a recent drug screen showing consistent results to verify appropriate medication use. There was lack of documentation as to functional increase through medication. In addition, the request lacks the information for a frequency, therefore, despite the evidence of decreased pain and in the absence of consistent results on a urine drug screen to verify compliance, the criteria for ongoing use of opioid medication has not been met. As such, the request for Oxycodone/acetaminophen 5/325 mg #90 is not medically necessary.