

Case Number:	CM14-0136797		
Date Assigned:	09/03/2014	Date of Injury:	05/26/2005
Decision Date:	03/04/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Virginia
 Certification(s)/Specialty: Neurology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 72-year-old male with a date of injury of 5/26/2005. The mechanism of injury is not documented in the medical records submitted for review. There is a clinical note dated 10/9/2014 in which the injured worker has subjective complaints of ongoing neck pain, right shoulder pain, intermittent upper extremity pain. He has been treated previously for this pain with epidural steroid injections and facet cervical injections which helped. Oral medications and the use of Lidoderm patches also helped. On physical exam, the cervical spine showed normal alignment. There was no muscle atrophy. Soft tissue palpation showed tenderness to palpate the area of the right cervical paraspinals, right trapezius, and right levator scapulae. There was also local tenderness of the left trapezius and levator scapulae. Bony palpation showed tenderness of the right occipital protuberance as well as the transverse process of C2. Motor strength was 5/5 throughout the right upper extremity, right deltoid, right infraspinatus, and right supraspinatus. Strength was 5 out of 5 in the left deltoid, left infraspinatus and left supraspinatus. Reflexes were 2 and symmetric at the biceps. Sensation was intact on the right at the C6 and C7 dermatomal area. There was decreased sensory on the left side in the first 3 digits possibly do to carpal tunnel syndrome. The patient was diagnosed in his clinical note with cervical spondylosis without myelopathy. The patient underwent a course of physical therapy for his pain between 4/24/2014 and 5/6/2014. There is an operative report dated 04/11/2014 documenting a left L2 and L3 sympathetic ganglion block performed for complex regional pain syndrome and lumbar

spondylosis with myelopathy. There is no specific documentation of the patient's ongoing clinical response to various treatment modalities in the clinical record submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #60 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long term use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 77-78.

Decision rationale: Chronic pain medical treatment guidelines states specific management guidelines for the use of opioids for ongoing chronic pain. Opioids should be used in the lowest possible dose needed to improve pain and function. Ongoing management should also include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines indicate that four domains have been proposed as the 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 non-adherence) and drug related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and any aberrant drug taking behaviors). Monitoring of these outcomes should be measured clinically over time to affect therapeutic decisions and provide a framework for documentation of the clinically use of these controlled medications. In the case of the clinical worker detailed above, the clinical notes lack the evidence of a specific treatment plan followed over time in order to best measure the efficacy of the opioid medications used for pain management. Therefore, according to the guidelines and a review of the evidence, at request for oxycodone-5 mg, #60 (30 day supply) is not medically necessary.

Oxycontin 10mg CR #60 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long term use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section Page(s): 77-78.

Decision rationale: Chronic pain medical treatment guidelines states specific management guidelines for the use of opioids for ongoing chronic pain. Opioids should be used in the lowest possible dose needed to improve pain and function. Ongoing management should also include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines indicate that four domains have been proposed as the 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 non-

adherence) and drug related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and any aberrant drug seeking behaviors). Monitoring of these outcomes should be measured clinically over time to affect therapeutic decisions and provide a framework for documentation of the clinically use of these controlled medications. In the case of the clinical worker detailed above, the clinical notes lack the evidence of a specific treatment plan followed over time in order to best measure the efficacy of the opioid medications used for pain management. Therefore, according to the guidelines and a review of the evidence, at request for oxycontin-10 mg. CR #60 (30 day supply) is not medically necessary.