

Case Number:	CM14-0174486		
Date Assigned:	10/27/2014	Date of Injury:	12/06/2001
Decision Date:	01/07/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/21/2014

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 Pain Management, 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 49 year old female with an injury date of 10/06/01. As per the 10/01/14 progress report, the patient complains of pain in bilateral legs, bilateral arms, neck, thoracic spine, and low back. The shooting mid thoracic pain radiates around the ribs. The patient also experiences tingling in heels, feet, outside the legs, into the groin, sciatic distribution. The pain is rated at 8/10 and worsens with movement, prolonged lying, and prolonged sitting, bending, walking, lifting, squatting, and twisting. Physical examination reveals limited range of motion in neck and back. There is reduced sensation in feet, lateral calves, buttocks, groin, and in the right side of her thoracic spine around T7. Straight leg raise produces sciatic and groin pain bilaterally. As per progress report dated 06/11/14, the patient underwent 2 level disc replacement in her neck on 06/27/12. She underwent single level disc replacement on 06/17/11. She also underwent arthroscopic surgery for chondromalacia patella, as per progress report dated 10/01/14. Medications include Ambien, Benadryl, Magnesium, Oxycodone, Psyllium, Senna, and TEGretol. In the same report, the treating physician states that "Education reduces her pain by 20-25% at peak dose." An MRI of the Cervical Spine, 09/30/14, as per progress report dated 10/01/14: Susceptibility artifacts from C4-5 and C5-6 disc replacements. An MRI of the Lumbar Spine, 10/13, as per progress report dated 06/11/14: L4 anterior compression fracture. An EMG/NCV, 07/30/14: NCS showed some axonal loss in all nerves which could point to a neurodegenerative process. Diagnosis, 10/01/14:- Intervertebral disc disorder with myelopathy, cervical region- Degeneration of thoracic or thoracolumbar intervertebral disc- Degeneration of lumbar or lumbosacral intervertebral disc The treating physician is requesting for OXYCODONE 10 mg #224 28 DAYS. The Utilization Review denial letter being challenged is dated 10/08/14. The rationale was "NO DOCUMENTATION of (a) clinical efficacy with improved tolerance to

specified activities that is measured and compared with and without oxycodone; or an absence of aberrancy with copies of a current UDS report for review, given reports the patient at this time has refused UDS testing." Treatment reports were provided from 04/16/14 - 10/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #224 28 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids, Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient is s/p 2 level disc replacement in her neck on 06/27/12; single level disc replacement on 06/17/11; and arthroscopic surgery for chondromalacia patella (date not found). The patient presents with pain, rated 8/10, in bilateral legs, bilateral arms, neck, thoracic and low back, as per progress report dated 10/01/14. The request is for OXYCODONE 10 mg #224 28 DAYS. 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 adverse 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. For this patient, opioids were initially used in 2005, as per progress report dated 10/01/14. The medication was prescribed in every available progress report from 04/16/14. In the latest progress report dated 10/01/14, the treating physician states that patient has not been able to reduce her current opioid dose. He further states that current reduction in pain scale is "20-25% with Percocet (at its peak) compared to what it would be without." The report also reveals that medication helps the patient "to walk the dogs around the yard, drive into town and do grocery shopping." The patient is, however, unable to do her own house work. The patient underwent urine drug screen on 07/09/14 and the results were consistent. However, the patient refused for a repeat test when requested by the insurance provider. The treating physician also states that there was no aberrant behavior due to medication although the patient experienced side effects such as fecal incontinence and difficulty during defecation due to medications (not specifically opioids). The treating physician believes that the oxycodone will help the patient to "take care of herself and play with dogs." Since the treating physician has effectively addressed the four A's including discussions regarding aberrant drug behavior, specific ADL's, adverse reactions, and aberrant behavior. The request is not medically necessary and appropriate.