MAXIMUS Federal Services

Case Number:	CM14-0188371		
Date Assigned:	11/19/2014	Date of Injury:	02/17/1995
Decision Date:	01/07/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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, has a subspecialty in Pain Medicine 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:

This 72 year old male injured his neck while employed on 02/17/1995. Documentation stated a past medical history of a cervical level five fusion in 1996 and chronic pain. He continues oral and topical pain medication for pain management. On exam by physician on 09/29/2014 noted the injured worker complained of neck pain and bilateral hand numbness. Spine was noted as restricted cervical range of motion and kyphotic posture. His diagnoses were degeneration of cervical intervertebral disc, partial unilateral paralysis of vocal cords, chronic pain due to trauma, and long term use of opioids for pain control and reflex sympathetic dystrophy of the upper limb. Documentation states that a cervical MRI and laboratory studies were previously performed; however no evidence of same was submitted in this review. Treatment plan included prescribing medication; continue use of a CD aimed at capturing the rhythm of the brain and non-medication pain control and follow up visits. The Utilization Review dated 10/10/2014 approved Avinza 120mg (DNS) #60, 30 day supply and modified request for Oxycodone 15mg 1 every 4 hours PRN #150 30 day supply to Oxycodone 15mg #100. The physician referred to MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg 1 q4h prn #150 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: In the case of this injured worker, there is a remote date of injury. Although the worker has documentation of true underlying cervical pathology that could result in pain, the evidence is poor for the use of high-dose, long-term opiate pain medication for noncancer pain states. In fact the CA MTUS has a recommendation for a total of 120 mg morphine equivalents. This injured worker has both long-acting morphine, and breakthrough oxycodone available up to five times per day at 15 mg. According to a progress note on October 30, 2014, the patient continues with four out of 10 pain on the numeric rating scale. The treatment plan includes a trial of chronic opioid therapy reduction. The treatment plan also includes non-medication base techniques to help control the pain. The patient has documentation of a normal urine toxicology screen on October 21, 2013, and a consistent CURES report on 5/13/2014. There is no clear documentation of functional benefit from opioid therapy and the requesting provider appears to want to trial a wean of opioids by 5%. Therefore, the original quantity of 150 tabs of oxycodone is not medically necessary. Instead, I am in agreement with the requester's provider's new request to decrease opioids by 5% as documented, and therefore there shoud be approval of this a reduced amount of oxycodone. I do feel the that the utilization reviewer's modification to only 100 tabs in this case is excessive, and the treating provider who best knows the patient should ultimately determine the amount of reduction of oxycodone.