

Case Number:	CM14-0189392		
Date Assigned:	11/20/2014	Date of Injury:	08/10/2001
Decision Date:	01/15/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational 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:

The patient is a 64-year-old male who has submitted a claim for chronic cervical degenerative disc disease, cervical facet arthropathy, lumbar degenerative disc disease, pain-induced depression and medication-induced GERD associated with an industrial injury date of 8/10/2001. Medical records from 2009 to 2014 were reviewed. The patient complained of chronic neck and shoulder pain associated with spasms. The pain was rated 9/10 in severity, and was relieved to 6-7/10 with medications. He reported that intake of medications provided him a manageable level of pain to complete activities of daily living. Examination of the cervical spine showed tenderness, muscle spasms, limited motion and negative Spurling's maneuver. Treatment to date has included lumbar epidural steroid injection, trigger point injections, Oxycodone (since 2012), Motrin, Prilosec, Soma, Senna and Prozac. The utilization review from 11/7/2014 modified the request for Oxycodone IR 10mg, #90 into #46 for the purpose of weaning because of no supporting evidence of objective functional benefit with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 10mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed opioids since 2012. The patient complained of chronic neck and shoulder pain associated with spasms. The pain was rated 9/10 in severity and relieved to 6-7/10 with medications. He reported that intake of medications provided him a manageable level of pain to complete activities of daily living. The guideline criteria for continuing opioid management have been met. Therefore, the request for Oxycodone IR 10mg, #90 is medically necessary.