

Case Number:	CM14-0190805		
Date Assigned:	11/24/2014	Date of Injury:	01/24/2003
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/14/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 46 year old male with a date of injury of 10/31/14. The listed diagnoses are facet arthropathy cervical spine, lumbar radiculopathy, hyper-reflexia, cervicogenic headaches, cervical radiculopathy and failed neck surgery syndrome. According to progress report 10/23/14, the patient presents with neck and low back pain with numbness and weakness. Pain level is rated as 8/10 on good days and 10/10 on bad days. The patient's current medication includes Oxycodone 10mg, methadone 10mg, Promethazine 50mg, Oxycontin 40mg and cyclobenzaprine 10mg. Examination of the cervical spine revealed right paracervical tenderness, decrease range of motion and pain in the right occipitoparietal area. Examination of the lumbar spine revealed decreased range of motion, sciatic notch tenderness and decreased sensation in the right L4-S1 areas. The provider recommends that the patient continue with medications. Utilization review denied the request on 10/31/14. The medical file provided for review includes one progress report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89 and 78.

Decision rationale: This patient presents with neck and low back pain with numbness and weakness. The current request is for Oxycodone 10mg #120. MTUS Guidelines pages 88 and 89 state, "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. It is unclear as to when this patient was started on this medication as there is only one progress report provided for review. Report dated 10/23/14 states that medications and the potential side effects were discussed. It was noted that a pain management agreement is on file, CURES database is reviewed routinely and random urine drug screens are performed. In this case, recommendation for further use of Oxycodone cannot be supported as there are no discussions of analgesia, changes in ADL's and functional improvement as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Oxycodone is not medically necessary and recommendation is for slow weaning, per the MTUS Guidelines.

Oxycontin 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 89 and 78.

Decision rationale: This patient presents with neck and low back pain with numbness and weakness. The current request is for Oxycontin 40mg # 90. MTUS Guidelines pages 88 and 89 state, "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. It is unclear as to when this patient was started on this medication as there is only one progress report provided for review. Report dated 10/23/14 states that medications and the potential side effects were discussed. It was noted that a pain management agreement is on file, CURES database is reviewed routinely and random urine drug screens are performed. In this case, recommendation for further use of Oxycodone cannot be supported as there are no discussions of analgesia, changes in ADL's and functional improvement as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Oxycontin is not medically necessary and recommendation is for slow weaning, per the MTUS Guidelines.

