

Case Number:	CM14-0196444		
Date Assigned:	12/04/2014	Date of Injury:	02/12/1996
Decision Date:	03/23/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 51 year old female, who sustained an industrial injury on 02/12/1996. She has reported neck pain, left upper extremity pain, and upper thoracic region pain. The diagnoses have included complex regional pain syndrome of the left upper extremity, neck, and upper thoracic region; cervical ankyloses with degenerative disc disease, thoracic ankylosis and kyphosis; and left shoulder ankylosis, severe. Treatment to date has included medications and trigger point injections. Medications have included Gabapentin, Oxycodone; Fentanyl sublingual spray; and Gabitril. A progress note from the treating physician, dated 10/08/2014, documented an evaluation of the injured worker. The injured worker reported activities of daily living are stable with her current medications. Objective findings included tenderness to palpation of the cervical spine; taught bands were found at myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck; and severe tenderness to palpation to deep pressure to the thoracic spine. The treatment plan has included continuation of medications; and follow-up evaluation in one month. On 11/13/2014 Utilization Review noncertified 1 Reconsideration for previously denied Oxycodone 5 mg 1 tab daily as needed for pain #30. Goodman's and Gilman's The Pharmacological Basis of Therapeutics; Physician's Desk Reference; and the ODG-TWC Drug Formulary were cited. On 11/19/2014, the injured worker submitted an application for IMR for review of 1 Reconsideration for previously denied Oxycodone 5 mg 1 tab daily as needed for pain #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Reconsideration for Previously denied Oxycodone 5mg 1 Tab Daily As Needed For Pain

#30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed, McGraw Hill, 2010, Physician's Desk Reference, 68th ed, www.RxList.com; and the ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, and drugs.com, and Epocrates Online, www.epocrates.com

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 presents with cervical spine, thoracic spine, and left shoulder pain. The treater is requesting ONE CONSIDERATION FOR PREVIOUSLY DENIED OXYCODONE 5 MG 1 TAB DAILY AS NEEDED FOR PAIN, QUANTITY 30. The RFA dated 09/17/2014 shows a request for oxycodone 5 mg 1 unit twice daily for severe pain arising from upper extremity, quantity 60 units, 0 refills. The patients date of injury is from 02/12/1996 and her current work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed oxycodone prior to 09/17/2014. The 09/17/2014 report notes that the patient's use of oxycodone reduces her severe pain in the upper extremity by 50%. Her activities of daily living continue to remain limited due to her chronic pain, but do improve with her current medications. The opiate contract was signed on 02/12/2014. None of the reports document before and after pain scales to show analgesia. There are no specific ADLs discussed. No side effects were noted and no urine drug screen or CURES report was noted and provided to show aberrant drug-seeking behaviors. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.