

<b>Case Number:</b>	CM14-0199064		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	02/22/2006
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, 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 46 year old female with an injury date of 02/22/06. Per the 09/18/14 report the patient presents with neck and shoulder pain post trip to ER two weeks prior due to severe spasm. Pain is currently rated 6/10 with worst pain rated 10/10. The patient is not working. Examination reveals that the patient's mood and affect show anxiety. There are palpable twitch positive trigger points in the muscles of the head and neck as well as in the thoracic paraspinal muscles. Neer and Hawkins maneuvers are positive. The patient's diagnoses include: 1. Cervical radiculopathy 2. Rotator cuff syndrome. The physician is requesting for physical therapy and chiropractic treatments. On 08/19/14 the physician notes the patient received 70-80% pain relief from subacromial bursa injection (date unknown) for a period of 4 weeks. Current medications are listed as Singulair, Cymbalta, Clonazepam, Neurontin, Flexiril, Norco, Oxycodone, and Robaxin. The utilization review being challenged is dated 10/28/14. Reports were provided from 04/03/14 to 09/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88 and 89, 78.

**Decision rationale:** The patient presents with neck and shoulder pain with spasms. The physician's request for Oxycodone 10 mg #60 (an opioid) per report has an unknown date. The reports provided show the patient has been using Oxycodone and Hydrocodone since at least 04/03/14. The 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." The 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. The reports provided show that pain is routinely assessed through the use of pain scales. Reports from 05/01/14 to 09/18/14 rate pain as follows: 8/10, 9/10, 6/10 and 6-8/10. The 08/19/14 report states, "She has unfortunately been denied for medications although they allow her to function well with 30-40% improvement in the pain. She has also improved functional and hygiene as well as endurance especially with walking and turning of the neck with medications." However, other than walking no other specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are only partially addressed. The 09/18/14 report states that CURES was reviewed; however, no Urine Toxicology reports are provided or discussed. This report does state, "I am refilling the medications as I see no evidence of abuse, diversion, hoarding, or impairment." No outcome measures are provided as required by MTUS. In this case, lacking sufficient documentation of specific ADL's and UDS's, there is not sufficient documentation to support long-term opioid use. The request is not medically necessary.