

<b>Case Number:</b>	CM14-0199172		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	12/18/2001
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	10/27/2014
<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 47 year old female with an injury date of 12/18/01. As per progress report dated 04/23/14, the patient complains of pain in the right neck and the shoulder rated at 8/10. The pain radiates down to the upper arm along with reduced sensation in the right fingers. In progress report dated 02/04/14, the patient complains of pain in right upper trapezius and right scapular region. Physical examination reveals tenderness in the subacromial region on the right along with reduced range of motion in the right shoulder. There is pain with forward flexion and lateral abduction past 90 degrees. Internal rotation of the right shoulder is restricted as well along with a positive impingement test. The patient has benefited from physical therapy and epidural injections but did not get any help from chiropractic treatments and TENS stimulation, as per pain management report dated 01/07/14. Medications, as per progress report dated 04/23/14, include LaMICtal, ZyPREXA, and Prazosin HCL. The patient received a Kenalog reaction on 02/04/14. MRI of the Cervical Spine, 10/03/12, as per report dated 02/04/13:- Reversal of cervical lordosis at C5-6- 2 - 3 mm disc protrusion at C5-6 associated with narrowing of the thecal sac along with partially diminished disc height. Electrodiagnostic examination, 10/09/12, as per report dated 02/04/13: Peripheral neuropathy, neuronal in nature with left slightly more involved than right. CT Scan of the Cervical Spine, 02/04/14: Mild-to-moderate degenerative changes at C5-C6. Diagnoses, 04/23/14:- Bipolar disorder, unspecified- Posttraumatic stress disorder- Dysthymic disorder- Unspecified disorder of joint of shoulder- Cervical spondylosis- Cervical radiculopathy- Myofascial pain syndrome. The treater is requesting for OXYCODONE 10 mg. The utilization review determination being challenged is dated 10/27/14. The rationale was "There was no clear detail provided as to what specific overall functionality has been achieved with on going use of opioid treatment with this medication as opposed to without it,

and no clear detail was provided whether the patient's pain coping skills have ever been addressed or not." Treatment reports were provided from 02/04/13 - 09/11/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone 10mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS; CRITERIA FOR USE OF OPIOIDS Page(s):.

**Decision rationale:** The patient presents with pain in the right neck and the shoulder, rated at 8/10, radiating down to the upper arm along with reduced sensation in the right fingers, as per progress report dated 04/23/14. The request is for OXYCODONE 10 mg. 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." 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. Oxycodone was first noted in progress report dated 01/14/14. The patient received Norco before that at least since 04/05/13. In progress report dated 04/23/14, the treater states that the one tablet of oxycodone can provide 30% relief from pain for 4 hours while two tablets can provide 75% relief for 8 hours. The treater also states that the medications also helps with activities of daily living. The patient is "able to do all ADL, HEP once a day, able to drive, walks 1 mile daily if able to have medication." The report also reveals that the patient has no side effects or aberrant behavior due to the opioid. The treater mentions the CURES report and also states that a urine drug screen dated 01/07/14 was consistent with oxycodone use. Based on the discussion about the 4As including analgesia, specific ADL's, adverse reactions, and aberrant behavior, the use of oxycodone appears reasonable. However, the request does not include the number of tablets. There is no Request for Authorization for this report. The UR letter does not specify a number. Additionally, in progress report dated 04/23/14, the treater states that the request is for "oxycodone 10 mg 1-2 tablets TID prn breakthrough pain, max 5/day," but does not discuss the duration of the treatment. Furthermore, the patient does not present with a clear diagnosis for which chronic use of opiates may be indicated. MRI of Cspine only showed degeneration with no evidence of nerve root issues to denote radiculopathy. There are no mechanical or nociceptive pain condition and the patient has a list of psychiatric diagnoses for which chronic use of opiates may not be indicated. The request IS NOT medically necessary.