

Case Number:	CM14-0200987		
Date Assigned:	12/12/2014	Date of Injury:	10/18/2003
Decision Date:	03/02/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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:

This 68 year old female continues to complain pain stemming from a work related injury where she was hit in the head by a door, reported on 10/18/2003. A history includes a cervical infusion several years prior to this injury. Diagnoses include: left upper extremity pain with numbness and lower extremity weakness with history of cervical fusion - now unstable; low back pain with lower extremity weakness at the hip, knees and ankles; short-acting opioid therapy; high functional status; and disabled. Treatments have included: consultations; diagnostic imaging studies; injection therapy; and medication management. This injured worker (IW) was noted to be disabled but is able to live independently and remain active. Progress notes, dated 5/13/2014, show complaints of left shoulder pain and neck pain from a now unstable cervical fusion. Examination findings noted stable vital signs and managed pain of 2/10 when on her medication regimen. The treatment plan noted that surgical intervention to stabilize the cervical spine was recommended, requested and denied; resulting in the determination that the responsibility of any neurologic injuries sustained as a result of the unstable cervical spine fusion should fall onto the workman's comp carrier for having denied surgical repair. The treatment plan included Oxycodone 30mg, 1 - 2 tabs, every 4 hours, up to 8 per day, #240 (for which the IW must now pay for herself due to denials) is medically justified for this IW chronic pain as she has been stable on this regimen for over 5 years; noting compliant urine drug analysis, compliance with all medical appointments, and without demonstrating any aberrant behaviors. Follow-up progress notes, dated 7/8/2014, note the IW feeling really good on her medication regimen, and a diagnosis of depression with Lexapro added to her medication regimen that included no change

in Oxycodone. Follow-up progress notes, dated 8/26/2014, show an exacerbation of pain due to cleaning up after an earthquake disaster, and resulting in an increase of Oxycodone 30 mg, up to a maximum of 10 per day x 7 days. Noted was a continued payment denial for pain medications by insurance. Follow-up progress notes, dated 9/2/14, show the IW to feel miserable from neck, left shoulder and arm, and headache complaints; with upper and lower extremity weakness. The pain was rated 10/10 from clean up after an earthquake for which rest was advised. No side effects, aberrant behavior or non-compliant urine drug screens were noted. The treatment plan included a cervical and lumbar MRI to rule out new disc herniation, topical iontophoresis treatment for acute muscle spasm, refill of Lunesta, and an early refill of Oxycodone 30mg up to 8 per day, #240, due to the previous and temporary 7 day increase in dose the IW was instructed to take. Follow-up progress notes, dated 10/1/2014, show approval of an MRI, another compliant urine drug screen, and that pain medications are still not being denied despite the IW being a low risk. The treatment plan included proceeding with MRI, and continuing Oxycodone 30 mg, up to 8 per day, #240 along with Lunesta and Gabapentin. The 10/30/2014 follow-up notes show the IW feeling much better today despite neck complaints. Vital signs were stable and a managed pain level of 3/10 with being stable and compliant on the current medication regimen. An added diagnosis of situational stress was noted; and the approved MRI authorization had not been sent to the facility of choice, so is pending. The treatment plan included Oxycodone 30mg, up to 8 a day, #240, along with the rest of her pain management regimen being resumed. In the medical records provided for my review, it is clearly documented that the current medication regimen, that includes Oxycodone, is notably effective in helping to keep the pain at a manageable level, except in times of increased activities such as having to clean up after an earthquake, and that the IW has remained in full compliance with her physicians and pain management contract for over 5 years; as evidenced by the IW paying for her recommended, and denied, pain medication. Also noted are worsening symptoms that stem from the industrial accident and for which recommended surgery has been denied; that might help in the reduction of her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #240, to permit weaning of total opioid dose to 120mg MED or below:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; and Opioids, Dosing Page(s): 92, 86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-76,88-89,60.

Decision rationale: According to the 10/30/2014 report, this patient presents with neck pain that is still bothering me. The current request is for Oxycodone 30mg #240 to permit weaning of total opioid dose to 120 mg MED or below. This medication was first mentioned in the 05/13/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, 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 aberrant 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. In reviewing the medical reports provided, the treating physician documented: Analgesia: Stable and satisfactory, Aberrant behavior: None noted. Urine drug test is consistent with current therapy. Adverse effects: Patient denies. Activity: Patient is trying to walk daily. Functional Status: Patient is able to sit 15-20 minutes, stand 10-15 minutes and walk 30 minutes Sleep is disturbed occasionally at night secondary to pain; 1 timer per night. Activities of daily living are independent. Patient drives. Patient does not use any assisted devices for ambulation. In this case, the treating physicians report shows proper documentation of the four As required by the MTUS guidelines. Therefore, the current request is medically necessary.