

Case Number:	CM14-0203361		
Date Assigned:	12/17/2014	Date of Injury:	07/12/1995
Decision Date:	02/11/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 Anesthesiology, has a subspecialty in Acupuncture & Pain Medicine 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:

This 55 year old female sustained a work related injury on 07/12/1995. The mechanism of injury was not made known. According to an office visit dated 07/24/2014, the injured worker continued to complain of axial neck pain that radiated into the bilateral upper trapezius, bilateral intra scapular area and over the lateral aspect of the arm extending to the hands. Pain was rated a 5 on a scale of 0-10 but could wax and wane in nature from 5-8. Pain was associated with intermittent burning, numbness, tingling, a pins and needles sensation as well as intermittent subjective weakness. Medication regimen included Opana ER 20mg twice a day, Roxicodone 30mg four times a day, baclofen 10mg as needed and Lidoderm patches as needed. The injured worker reported 40 to 60 percent relief on current medications. She denied side effects. Functionality changes due to current medications include activity of daily living and recreational activities. She reported an increase in mood and quality of life on current medications. Previous treatments have included medications, epidural steroid injections, diagnostic facet blocks, physical therapy, acupuncture and TENS unit. Diagnoses included cervical disc displacement, cervical spondylosis and cervical radiculitis/radiculopathy. Past surgical history included gastric bypass, right and left carpal tunnel release surgery, left shoulder impingement, tonsillectomy and hysterectomy. The provider noted that the injured worker was choosing to titrate down on the Opana ER before titrating down on the Roxicodone. Opana was being decreased by 10mg per month. According to an office visit dated 08/21/2014, the injured worker reported that she had elevated pain levels and decreased sleep because of the diminished medication requirements. The provider noted that medication titration would continue, but that it would be postponed by one more month. In a progress note dated 09/18/2014 the provider noted that a urine toxicology screen from 08/20/2014 was positive for hydromorphone, morphine, oxycodone, oxymorphone and noroxycodone and was abnormal as the injured worker was not being prescribed

hydromorphone or morphine. Opana was decreased down to 10mg. As of an office visit dated 11/20/2014, current medications included Opana ER 10mg twice a day, Roxycodone 30mg four times a day, baclofen 10mg as needed and Lidoderm patches as needed. On 11/06/2014, Utilization Review non-certified Oxycodone HCL 30mg #120 that was requested on 10/24/2014. According to the Utilization Review physician the request was denied because the provider agreed in a peer to peer discussion with another provider to reduce this medication by 10mg per day per month and this is the same dosage that the patient was on in June. MTUS Guidelines Chronic Pain page 78 was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines page 78, regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." "Review of the available medical records reveals no documentation to support the medical necessity of Oxycodone HCL or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. In a progress note dated 09/18/2014 the provider noted that a urine toxicology screen from 08/20/2014 was positive for Hydromorphone, Morphine, Oxycodone, Oxymorphone and Noroxycodone and was abnormal as the injured worker was not being prescribed Hydromorphone or Morphine. As the MTUS recommends discontinuing opioids if there is no overall improvement in function, the medical necessity cannot be affirmed.