

Case Number:	CM15-0009442		
Date Assigned:	01/27/2015	Date of Injury:	06/17/2012
Decision Date:	03/20/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/15/2015

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 39 year old male who sustained an industrial injury reported on 6/17/2012. He has reported for a post-surgical follow-up. The diagnoses have included intervertebral cervical disc disease with myelopathy cervical region; dysthymic disorder; degeneration of cervical intervertebral disc; brachial neuritis or radiculitis; and depression from chronic pain. Treatments to date have included consultations; diagnostic imaging studies; cervical fusion surgery (11/3/14); the initiation of light, post-surgical physical therapy along with the initiation of weaning down on the Oxycodone; and other medication management. The work status classification for this injured worker (IW) was not noted. On 1/2/2015 Utilization Review (UR) modified, for medical necessity, the request made on 12/30/2014, for Oxycodone 15mg #90 to #60 for the purpose of weaning. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg Qty 90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents for a post-operative evaluation following recent surgery, no subjective complaints are included. Progress note dated 12/16/14 states: "The patient states that he has been doing well in terms of pain control." The patient's date of injury is 06/17/12. Patient is status post C5-C7 anterior cervical discectomy and posterior fusion on 11/03/14. The request is for OXYCODONE 15MG QTY: 90. The RFA for this request was not provided. Physical examination dated 12/16/14 revealed a well healed surgical scar to the anterior neck, significant tenderness and myofascial pain with taut muscle bands in the posterior aspect of the neck down to the trapezium and levator scapula bilaterally. The patient is currently prescribed Lyrica, Oxycodone, Tizanidine, and Prilosec. Diagnostic imaging was not included. Patient is temporarily totally disabled. 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. In regards to the request for Oxycodone for the purposes of post-operative pain control, the request appears reasonable as the treater has an established weaning plan. Progress note dated 12/16/14 states: "He is to initiate physical therapy. I have explained to the patient that we will initiate weaning of the medications as tolerated after he initiates physical therapy. He will follow up in this office in 3 weeks to give him time to initiate therapy, get through the stiffness and pain caused by the therapy and then start the weaning process as tolerated." While specific pain improvements and specific improvements to function are not specified, the request is for refill of this medication with a specific plan for weaning. MTUS does support slow weaning of the medication. The request IS medically necessary.