

Case Number:	CM15-0102712		
Date Assigned:	06/05/2015	Date of Injury:	11/07/1993
Decision Date:	07/07/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 69 year old female, who sustained an industrial injury on November 7, 1993. She reported a head injury with a brief loss of consciousness and the development of seizures 1 year later. The injured worker was diagnosed as having reflex sympathetic dystrophy of the upper limb, degeneration of cervical intervertebral disc, carpal tunnel syndrome, lumbago/low back pain, headaches - not otherwise specified, and arthropathy, unspecified, other specified sites. Treatment to date has included physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS), massage therapy, trigger point injections, and medications including oral opioid, topical opioid, antidepressant, anti-anxiety, and anti-epilepsy. On April 9, 2015, the injured worker complains of neck pain, bilateral arm pain with numbness and tingling, and right leg pain. She complains of right hip pain has developed that is worse with sitting. She complains of worsened left shoulder pain with inability to elevate or rotate her left arm. She takes Gabapentin that decreases her radiating nerve pain by more than 60% and allows her to perform more activities of daily living and use less immediate release, breakthrough pain medications. She complains of continued right leg pain radiating to the front and back thigh with new numbness into her toes bilaterally and calf spasms. Her pain is rated: current = 6/10, best + 2/10, and worst = 7/10. This is worse since her last visit. The pain is described as burning, stabbing, numb, and electrical. Her medications help decrease her pain and improve her function. She reports that her long-acting opioid pain medication is not working as well it once did. The physical exam revealed atrophy of the left carpi flexor ulnaris near the elbow, decreased left hand motion with inability to straighten her fingers, and nearly full right shoulder range of

motion, but able to elevate her left arm to 45 degrees only, inability to pronate or supinate the left arm, and tenderness to palpation over the shoulder joint. There was marked right greater trochanter tenderness with her resisting all motions of the right hip. There was mild loss of cervical lordosis with limited range of motion, tense and tender paravertebral and trapezius muscles, and decreased strength of the bilateral upper extremities. There was mild loss of lumbar lordosis with limited range of motion, tender trigger points in the bilateral low lumbar areas, tenderness over the lower facet joints, and decreased strength of the bilateral lower extremities. The treating physician noted the injured worker has undergone regular urine drug screen, but the dates and results testing are not included in the provided medical records. The requested treatments include continuing the Gabapentin, Fentanyl patch, and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 mg #90: Upheld

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 (1) Pain Outcomes and Endpoints, p 8, (2) Opioids, criteria for use, p 76-80 (3) Opioids, dosing, p 86.

Decision rationale: The claimant sustained a work injury in November 1993 and continues to be treated for headaches, neck pain, and upper extremity pain. She has a history of seizures. Medications included gabapentin reported as providing more than 60% pain relief of radiating pain with improved activities of daily living and decreased pain medication use. When seen, MS ER was not working as well as it had previously. There had been side effects when previously haven taken OxyContin. Fentanyl and Norco were to be prescribed at a total MED (morphine equivalent dose) of less than 70 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is a short acting opioid used to treat breakthrough pain. In this case, although there were no identified issues of abuse or addiction and the total MED intended was less than 120 mg, a request for oxycodone rather than Norco appears to be an error. The claimant is noted to have had side effects when previously prescribed oxycodone as sustained release OxyContin. Therefore, a request for oxycodone was not medically necessary or appropriate.