

Case Number:	CM15-0109756		
Date Assigned:	06/16/2015	Date of Injury:	10/16/1998
Decision Date:	07/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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 60-year old male, with a reported date of injury of 10/09/2008. The diagnoses include chronic neck pain, cervical degenerative disc disease, status post anterior cervical discectomy and fusion, pain-related insomnia, situational depression/anxiety, and opiate-related constipation and nausea. Treatments to date have included physical therapy, exercise, oral medications, counseling, cervical spine fusion, radiofrequency ablation, trigger point injections, and rest. The medical report dated 04/09/2015 indicates that the injured worker stated that he could not function, was depressed, and wanted to get off the drugs/medications. He complained of left upper extremity numbness and shooting pain, pain radiating from his neck to his lumbar spine area, and bilateral thigh cramps; depression; social isolation; and severe dysfunction in his activities of daily living. He complained of pain in the neck, left upper extremity, back, and thighs. He rated his pain 6-10 out of 10 over the previous year with daily opioid use. The objective findings include walking without assistance or guarding. The treating physician requested 8-10 weeks of comprehensive residential functional restoration program, strengthening, weight loss, and opiate detox. It was noted that the injured worker had eleven symptoms of a severe chronic pain syndrome and he was ready and motivated for full detoxification, functional restoration, and self-management of chronic pain. It was also noted that the injured worker's pain syndrome would appear to be suitable for intensive functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 MG #90: Upheld

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

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 on 05/08/15 with neck pain rated 8/10 which radiates into the bilateral upper extremities. The patient's date of injury is 10/16/98. Patient has no documented surgical history directed at this complaint. The request is for Oxycodone 30MG #90. The RFA was not provided. Physical examination dated 05/08/15 reveals tenderness to palpation of the cervical paraspinal muscles, right lateral neck and trapezius muscle, with trigger points noted in the head and neck. The provider also notes pain elicitation upon flexion and diffuse swelling of an unspecified thumb. The patient is currently prescribed Oxycodone and Neurontin. Diagnostic imaging was not included. Patient's current work status is not provided. 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 regard to the requested Oxycodone for the management of this patients neck and upper extremity pain, the provider has not supplied adequate documentation of efficacy or medication compliance. Documentation of efficacy is vague and lacks pain scales with and without medications. Addressing functional improvements, progress note dated 05/08/15 states: "The patient states that the medications do provide him with pain relief and preservation of functional capacity. The patient's overall pain condition is reasonably well controlled with the current therapeutic regimen" such vague statements do not satisfy MTUS requirements. No consistent urine drug screening or discussion of previously consistent screening is included, and there is no stated lack of aberrant behavior. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, evidence or discussion of consistent urine drug screening, and statements of a lack of aberrant behavior, none is provided. Owing to a lack of 4A's documentation as required by MTUS, the request is not medically necessary.