

Case Number:	CM15-0131354		
Date Assigned:	07/17/2015	Date of Injury:	07/13/2001
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/07/2015

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 55-year-old female who sustained an industrial injury on 07/13/01. Initial diagnoses are not available. Current diagnoses include cervical spondylosis without myelopathy, interstitial myositis, headache, unspecified myalgia and myositis, lumbago, brachial neuritis or radiculitis, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, cervicgia, and postlaminectomy syndrome cervical region. Treatment to date has included spinal cord stimulator, psychiatric care, and topical/oral pain medication management in which she is on the lowest effective dose. Currently, the injured worker complains of chronic severe neck pain, bilateral upper extremity pain with numbness, tingling, weakness, and pain involving the bilateral arms extending to the fingertips. The pain is worse on the left and she is now dropping items, and losing fine motor movement. Her low back pain associated with her spinal stimulator hardware generator is radiating to her right posterior and lateral hip area. The pain score is 10 out of 10 without medications, and an 8 out of 10 with medications. Her prescribed medications are keeping her functional, allowing for increased mobility, tolerance of activities of daily living, and home exercises; she has no side effects from her medications. Physical examination of the cervical spine is abnormal; thoracic spine has tenderness to palpation at the paraspinals. Her gait is antalgic and posture is abnormal, decompensated in the saggital plane. Current plan of care is for the injured worker to taper DEA scheduled medications as much as possible to utilize the lowest effective dose to maintain function. She has no signs of aberrant behaviors or abuse. Urine drug tests are appropriate, and she seems to be using medications appropriately, and responsibly. Requested treatments include Oxycodone HCl 30mg #240. The injured worker's status is reported as permanent and stationary. Date of Utilization Review: 06/12/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term users of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in May 2008 and is being treated for radiating right shoulder pain. When seen, he had become very depressed. Medications are referenced as decreasing pain from 10/10 to 4/10 and with a 50% improvement in activities of daily living. Physical examination findings included decreased right shoulder range of motion with crepitus and positive impingement testing. There were right cervical and trapezius muscle spasms. There was sensitivity over the thorax. Methadone and Norco were refilled at a total MED (morphine equivalent dose) of over 280 mg per day. Samples of Latuda were provided for depression. The claimant is also receiving psychiatric treatment for depression. When seen the month before on 06/18/15 samples of Pristiq were provided. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary. The claimant has a remote history of a work injury occurring in July 2001. She is being treated for chronic pain including radiating neck and low back pain. Treatments have included a spinal cord stimulator. When seen, medications are referenced as decreasing pain from 10/10 to 8/10 with improved mobility and tolerance of activities of daily living and home exercises. Physical examination findings included an antalgic gait. Her BMI was over 31. There was decreased spinal range of motion with paraspinal tenderness. There was poor posture. She had decreased left upper extremity strength and sensation. Oxycodone and OxyContin were prescribed at a total MED (morphine equivalent dose) of 450 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is nearly 4 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.