

Case Number:	CM15-0137587		
Date Assigned:	07/27/2015	Date of Injury:	12/02/2011
Decision Date:	08/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/15/2015

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: 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 52 year old female, who sustained an industrial injury on 12/2/11. She reported pain in her neck and shoulders. The injured worker was diagnosed as having cervical ankylosis positive facet provocation and bilateral shoulder ankylosis. Treatment to date has included a cervical epidural injection on 2/17/2015 with 50% pain relief, physical therapy, trigger point injections, Lyrica, Norco, Gabapentin and Celexa. On 4/21/15 the injured worker rated her pain a 4-5/10. As of the PR2 dated 6/10/15, the injured worker reports increased pain in her neck and shoulders. She rates her pain a 6-4/10. Objective findings include significant muscle spasms in the left trapezius and scalene muscles and decreased cervical range of motion. The treating physician requested Oxycodone 5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in December 2011 with injury to the neck and shoulders. When seen, she was having increasing pain, rated at 4-6/10. She was performing physical therapy and taking short walks. She was having difficulty sleeping due to pain. There was decreased and painful cervical range of motion with tenderness, muscle spasms, and trigger points. There was decreased shoulder range of motion with bilateral forearm tenderness. There was upper extremity weakness with decreased sensation. Oxycodone 5 mg #60 was prescribed. Norco had been prescribed previously. 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. Oxycodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.