

Case Number:	CM15-0137875		
Date Assigned:	07/31/2015	Date of Injury:	05/02/2001
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 64-year-old female, who sustained an industrial injury on 5-20-01. She reported a popping feeling in her neck and next day her neck was tilted and painful. The injured worker was diagnosed as having brachial neuritis or radiculitis, displacement of cervical intervertebral disc without myelopathy, headache, pain in joint involving pelvic region and thigh, arthrodesis, opioid type dependence and long term use of medications. Treatment to date has included physical therapy, Butrans patch, topical Lidocaine cream, cervical fusion, steroid injections, oral medications including Zanaflex, Oxycodone and Gabapentin; trigger point injections, home exercise program and activity restrictions. Currently on 6-10-15, the injured worker complains of chronic neck, upper back pain, she notes the symptoms increase with exertion and characterizes the pain as constant, aching, cramping, stabbing, tightness and persistent. She notes the symptoms interfere with her daily activities of sleeping, work, household activities, normal lifestyle and routine daily activities. She notes the pain is variable from 5-9 out of 10 and Oxycodone helps lessen the pain and improve functioning. Physical exam performed on 6-10-15 revealed decreased cervical range of motion, tenderness of occipital muscles and posterior neck muscles bilaterally with palpation and contracture of neck muscles bilaterally. The treatment plan included continuation of Oxycodone, stimulation unit, zanaflex, physical therapy and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg 0.5-1 tab 3-4 a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use, On-going Management; Opioids for neuropathic pain; Opioids, dosing; Opioids, pain treatment agreement Page(s): 74-97; 78, 82, 86, 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to CA MTUS, Oxycodone (OxyContin) is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics According to ODG, chronic pain can have a mixed physiologic etiology of both that may be used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. Medical necessity of the requested item has not been established. In addition work status is not documented. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.