

Case Number:	CM15-0139246		
Date Assigned:	07/29/2015	Date of Injury:	09/28/2012
Decision Date:	09/02/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 49-year-old male who sustained an industrial injury on 09/28/12. Initial complaints and diagnoses include back pain. Treatments to date include medications, physical therapy, chiropractic care, epidural steroid injection, and a medial branch block. Diagnostic studies include electro diagnostic studies, and x-rays of the cervical spine. On 6/2/15, current complaints include pain from her head down the left side of her neck to her left arm. Pain is noted at 7/10 with medications and 10/10 without medications. Current diagnoses include cervical pain and cervicgia, cervical spinal stenosis, facet arthropathy, and long term use of medications. Physical examination of the cervical region revealed tenderness on palpation, limited range of motion normal strength and tone. In a progress note dated 06/02/15, the treating provider reports the plan of care as medications including Oxycodone. The QME on 04/16/15 noted that the injured worker "has not responded to any of the conventional, conservative treatments" and "does not require any ongoing medical treatment." The medication list includes Nucynta and Oxycodone. The patient has had EMG on 1/31/13 of left upper extremity that revealed mild CTS; MRI of the cervical spine on 3/7/13 that revealed disc protrusions, foraminal narrowing, and degenerative changes. The patient has had UDS on 1/8/15 that was negative for opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen 10mg-325mg, 1/2-1 tablet by mouth every four hours as needed, #120, prescribed 06/02/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxycodone/acetaminophen; Opioids for chronic pain; Opioids, criteria for use; Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80, CRITERIA FOR USE OF OPIOIDS, Therapeutic Trial of Opioids.

Decision rationale: Oxycodone-Acetaminophen 10mg-325mg, 1/2-1 tablets by mouth every four hours as needed, #120, prescribe. Oxycodone is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. The patient has had UDS on 1/8/15 that was negative for opioids. The level of pain control with lower potency opioids and other non-opioid medications (antidepressants/ anticonvulsants) without the use of Oxycodone was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycodone-Acetaminophen 10mg-325mg, 1/2-1 tablet by mouth every four hours as needed, #120, prescribe is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms, therefore in not medically necessary.