

Case Number:	CM15-0142257		
Date Assigned:	08/03/2015	Date of Injury:	03/13/2010
Decision Date:	09/22/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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, 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 51-year-old female, who sustained an industrial injury on March 13, 2010. She reported right shoulder pain, left buttock pain, numbness in the shins and calves to the feet, neck pain radiating to the mid scapular region with numbness of the bilateral forearms and wrists and headaches. The injured worker was diagnosed as having status post cervical 3-4 ACDF, Cervical 3-4 spondylolisthesis, grade 1 with facet arthropathy, status post cervical 5-6 TDA and cervical 6-7 anterior cervical discectomy and fusion on September 21, 2011, left sacroiliac joint dysfunction, right shoulder impingement syndrome, status post lumbar 5-sacral 1 fusion, non-industrial, bilateral cervical 7 radiculopathy, right leg radiculopathy, cervical 5-6 and cervical 6-7 stenosis and degeneration and status post left sacroiliac fusion on April 22, 2015. Treatment to date has included diagnostic studies, radiographic imaging, multiple spinal surgeries, conservative care, medications and work restrictions. Currently, the injured worker continues to report right shoulder pain, left buttock pain, numbness in the shins and calves to the feet, neck pain radiating to the mid scapular region with numbness of the bilateral forearms and wrists and headaches. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 30, 2015, revealed continued pain as noted. She rated her pain at 8-9 out of 10 on a 1-10 scale with 10 being the worst. Oxycodone, Ativan, Volteren and Fentanyl were continued. Evaluation on June 16, 2015, revealed continued pain as noted. She rated her pain at 7-8 on a 1-10 scale with 10 being the worst while using medications and 10 without medications. Evaluation on July 8, 2015, revealed continued pain as noted. She

noted worsening back pain with physical therapy. She reported worsening right shoulder pain secondary to increased use of a single point cane for ambulation. She also reported the pain was previously improved with a right shoulder cortisone injection. She rated her ongoing buttock pain at 7 on a 1-10 scale with 10 being the worst while using medications and 10 on a 1-10 scale with 10 being the worst while not using medications. She rated the shin, calves and feet problems at 8 on a 1-10 scale with 10 being the worst and neck and upper extremity pain and symptoms at 8 with medications and 10 without medications on a 1-10 scale with 10 being the worst. Oxycodone and Fentanyl were continued. Repeat right shoulder subacromial corticosteroid injection and Oxycodone 10 mg #240 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Although pain score reduction and urine toxicology testing is requested to monitor compliance, this is only two aspects of the 4 domains that is being completed. Given this, the medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. Therefore, the request is not medically necessary.