

Case Number:	CM15-0160126		
Date Assigned:	08/26/2015	Date of Injury:	04/27/2010
Decision Date:	10/05/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/17/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 54 year old female, who sustained an industrial injury on 4-27-2010. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include chronic neck pain, cervical facet joint dysfunction, degenerative disc disease, and radiculopathy, status post cervical fusion, and status post lumbar fusion. Treatments to date include activity modification, medication therapy, and therapeutic injections. Currently, she complained of ongoing neck pain with radiation down the left upper extremity with numbness and tingling, as well as low back pain with radiation down the left leg. Oxy IR was noted to bring pain level from 10 out of 10 VAS to 5 out of 10 VAS. On 7-27-15, the physical examination documented tenderness in the cervical, trapezius, and lumbar regions. There was a positive impingement sign in the right shoulder. The plan of care included a request to authorize OXY IR 10mg, one tablet twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR 10 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of 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 non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any 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." Per progress report dated 7/27/15, it was noted that the injured worker took left over tablets of Oxy IR which was previously prescribed and it was more effective than previous Dilaudid. It helped bring her pain down from a 10/10 to 5/10. I respectfully disagree with the UR physician's assertion that use of an alternate opioid is not supported and that consideration should be made for non-narcotic analgesics and adjuvants. I disagree that there was no evidence of clinical efficacy with prior use of Oxy IR. The injured worker has had cervical and lumbar fusion, and this is a low dose. The request is medically necessary.