

Case Number:	CM15-0165748		
Date Assigned:	09/03/2015	Date of Injury:	05/10/2004
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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

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 50 year old male, who sustained an industrial injury on May 10, 2004, incurring head and neck injuries after being struck on top of the head with a heavy roof hatch. He was diagnosed with a head injury, post traumatic headache, occipital neuralgia, multi-level cervical degenerative disc disease and cervical radiculopathy. Treatment included pain medications, antidepressants, surgical interventions, medical marijuana, neuropathic medications, transcutaneous electrical stimulation unit, facet medial branch blocks, and activity restrictions. Currently, the injured worker complained of persistent, neck pain and headaches, shoulder pains and hand discomfort. He noted short term memory problems and forgetfulness and irritability. He underwent a surgical cervical spinal fusion and discectomy. He developed tremors in his hand. He noted a new onset of lower back pain and daily headaches. The treatment plan that was requested for authorization included a prescription for Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 10mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Based on the 8/5/15 progress report provided by the treating physician, this patient presents with neck pain, severe daily headaches, difficulty swallowing from retraction of esophagus during surgery, bilateral shoulder pain, and 'breaking out in hives'. The treater has asked for Oxycodone IR 10MG #120 on 8/5/15. The patient's diagnoses per request for authorization dated 8/6/15 are headaches and cervicgia. The patient is s/p discectomy and cervical fusion from 12/16/08 per QME dated 2/10/15. The patient is s/p unspecified injections which have not helped; the patient's work status is disabled per 8/5/15 report. MTUS, Opioids, Longer Term Assessment Section, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Opioids, and Criteria for Use Section, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 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. (Passik, 2000) MTUS, Opioids, and Criteria for Use Section, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. The patient has been taking oxycodone since 4/2/15 report and in reports dated 5/6/15 and 8/5/15. The patient takes oxycodone and methadone together, and it takes 1/2 hour for oxycodone to take effect and an hour for methadone to take effect per 8/5/15 report. The patient's pain is reduced from 8/10 to 2-3/10 for 6-8 hours before he has to take his next dose of opioids per 8/5/15 report. Without his medication he is in excruciating pain following cervical fusion per 8/5/15 report. With his medication, he is able to vacuum and do dishes, as well as walk over a mile daily per 8/5/15 report. Without medications, his activity level is poor per 8/5/15 report. The treater mentions a recent CURES report which was clean per 5/6/15, and the patient does not report any adverse side effects or aberrant behaviors per 8/5/15 report. Given the clear discussion regarding 4A's as required by MTUS guidelines, including analgesia, ADLs, aberrant behavior and adverse side effects, the request appears reasonable and is medically necessary.