MAXIMUS Federal Services

Case Number:	CM15-0204785		
Date Assigned:	10/21/2015	Date of Injury:	08/18/2009
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44 year old male who sustained an industrial injury August 18, 2009. Past history included epidurals, nerve blocks, and anterior cervical fusion May 2013, irritable bowel syndrome, gastritis, depression and anxiety. Past treatment included physical therapy, group therapy and psychiatric care and 18 sessions of acupuncture, with improvement in migraines and shoulder and neck pain. According to a secondary treating physician's progress report dated September 3, 2015, the injured worker presented with the same neck and bilateral upper extremity pain, left greater than right, radiating to his bilateral hands, rated 5 out of 10, with no change in distribution. The physician documents the injured worker was hospitalized for seven days on August 9, 2015, due to abdominal pain from recent rectal surgery and was discharged on Dilaudid, Percocet, and Lidocaine cream. He reported not taking the Dilaudid but taking Percocet and Lidocaine cream and would like to return to acupuncture. Current medication included Norco (increased to #180 from #120 09-03-2015), Cymbalta, Alprazolam, Restoril, Remeron, Robaxin, Neurontin, Amitriptyline, Fluticasone Propionate, Dulera Aero, Singulair, Prilosec, Inderal LA, and Buspirone (this medication regimen since at least July 10, 2015). Objective findings included cervical- tenderness to palpation paraspinals with spasm, Spurling's positive to the left; gait and posture are normal; sensation is decreased to pinprick left C6 and C7. Assessment is documented as pain in joint shoulder region; brachial neuritis or radiculitis not otherwise specified; cervicalgia; post-laminectomy syndrome, cervical region. Treatment plan included advisement of tapering DEA scheduled medications as much as possible to utilize the lowest dose, urine drug toxicology and CURES reports are appropriate. At issue, is

the request for authorization dated September 15, 2015, for Oxycodone (since at least August 9, 2015). According to utilization review dated September 23, 2015, the request for Oxycodone 10mg (1) PO (by mouth) Q (every) 8-12 hours #90 is non-certified. However, due to the nature of the drug weaning is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg, #90 (every 8-12 hrs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, oxycodone 10 mg #90 (every 8 to 12 hours) is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are pain in joint, shoulder regions; brachial neuritis or radiculitis NOS; cervicalgia; post laminectomy syndrome cervical region; inter-vertebral cervical this D/O with myelopathy cervical region; and degeneration of cervical intervertebral disc. Date of injury is August 18, 2009. Request authorization is dated September 16, 2015. According to a September 3, 2015 progress note, oxycodone was prescribed by the treating provider for the first time. Subjective complaints include neck pain, bilateral upper extremity pain that radiates to the bilateral hands. On August 9, 2015 the injured worker was hospitalized for abdominal pain status post rectal surgery. It is unclear whether the rectal surgery is in any way related to the industrial injury. Medications on discharge were Dilaudid, Percocet and lidocaine. The injured worker is still taking Percocet. Pain score is 3/10. Additional medications include Norco 10/325 mg (earliest date in the documentation is a March 2015 progress note. The start date is not specified.); Alprazolam; Restoril; and Robaxin. Objectively, there was tenderness to palpation at the cervical paraspinal muscles with spasm. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. The treatment plan indicates Norco 10/325 mg #120 was increased to #180. Oxycodone was added to the drug regimen at Oxycodone 10 mg #90, every 8 - 12 hours as needed. The documentation indicates the injured worker was prescribed to benzodiazepines (alprazolam and Restoril). There is no clinical indication for the use of two benzodiazepines. There is no documentation demonstrating objective functional improvement with the use of Norco 10/325mg. The quantity

of Norco is increased to #180 and Oxycodone was added to the drug regimen. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from ongoing Norco 10/325 mg, an increase in the Norco 10/325 mg quantity from #120 to #180, two benzodiazepines prescribed concurrently with no clinical rationale for their support and no clinical indication or rationale for the addition of oxycodone with a concurrent increase in Norco from #120 to #180, Oxycodone 10 mg #90 (every 8 to 12 hours) is not medically necessary.