

Case Number:	CM15-0206485		
Date Assigned:	11/18/2015	Date of Injury:	02/21/2011
Decision Date:	12/24/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

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 49 year old male who sustained an industrial injury February 21, 2011. Past history included multiple surgeries for the left shoulder, multiple stellate blocks, cervical fusion C5-6 August 2011, and hypertension. Diagnoses are chronic migraine without aura; pain in joint of left shoulder; cervical radiculopathy. According to a pain management physician's progress report dated October 12, 2015, the injured worker presented for an interval follow-up and prescription refilling. He complained of increased neck pain radiating to the left arm with numbness and tingling. Objective findings included; 6'3" and 230 pounds; cervical spine-tenderness and pain with positive trigger points in the muscles of the head and neck; extremity-left arm held in slight flexion at the elbow with limited range of motion in the left shoulder, tenderness and allodynia over the entire left shoulder joint area, left trapezius is contracted and the shoulder is somewhat elevated, grip strength in the left hand is greatly decreased. Treatment plan included prescribed medication; Percocet and Neurontin and return in a month. The physician documented CURES, urine drug screening, and pain agreement on file. At issue, is the request for authorization for Oxycodone-Acetaminophen (since at least September 8, 2015). According to utilization review dated October 19, 2015, the request for Oxycodone-Acetaminophen 10-325mg #90 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/Acetaminophen 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Introduction.

Decision rationale: The claimant has a cumulative trauma work injury with date of injury in February 2011 with injuries to the neck, left arm, mid back, left knee, and both shoulders and has headaches, hypertension, and gastrointestinal complaints. He was seen by the requesting provider in September 2015. He had also been managed for an injury involving the left shoulder. He was having neck and right shoulder pain and migraines. He had pain rated at 3-9/10. Physical examination findings included a body mass index of 29. There were head and neck trigger points. There was pain with cervical spine range of motion, which was limited. He had limited left shoulder range of motion with tenderness and allodynia. There was contracture of the left trapezius muscle with an elevated shoulder. No medications were prescribed. When seen in October 2015 he was having neck pain radiating into the left arm. Pain scores were not recorded. Physical examination findings were unchanged. Percocet and gabapentin were prescribed. Follow-up was planned in one month. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. In this case, when Percocet was prescribed that was no recording of VAS scores. Gabapentin was also prescribed and guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing multiple medications at the same time, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular medication. The claimant had previously been treated by this provider and a review of his response to prior medication management would be expected but was not included during either the assessment in September or October 2015. For these reasons, the request is not medically necessary.