

Case Number:	CM15-0029872		
Date Assigned:	02/23/2015	Date of Injury:	02/10/1999
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 was a 56 year old male, who sustained an industrial injury, February 10, 1999. The injury was sustained when the injured worker had a rear ended while driving a truck. The injured worker suffered a concussion which was diagnosed by CT scan of the head. According to progress note of the injured workers chief complaint was pain in the neck and head. The physical exam noted myofascial spasms and tenderness of the right temple, bilateral occiput, neck, bilateral shoulders and thoracic paravertebral muscles. The cervical range of motion was decreased right rotation, right lateral flexion and extension. Cervical extension and right rotation markedly increased right neck and right shoulder pain. Bilateral shoulder abduction and flexion was limited to 165 degrees and bilateral subacromial bursa tenderness was noted. The injured worker was diagnosed with CRPS (complex regional pain syndrome) of the left knee, cervicogenic pain, mild traumatic brain injury, cervicothoracic strain/sprain with somatic dysfunction and musculoskeletal spasms, post traumatic bilateral occipital neuralgia, post traumatic muscle contraction cephalgia and resolving post-concussive syndrome and recommended referral for imbedded glass in the scalp, anxiety and depression. The injured worker previously received the following treatments revision left occipital neuroelectrode and right cervical epidural neuroelectrode and replacement left cervical epidural neuroelectrode on July 15, 2010, Bupropion XL 300mg, Alprazolam and Senna-S. On October 14, 2014, the primary treating physician requested authorization for a prescription for Oxycodone 15mg #57. On February 6, 2015, the Utilization Review denied authorization for a prescription for Oxycodone 15mg #57. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg, #57: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; Opioids, Criteria for Use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: 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. There is no clear documentation for the need for continuous use of Oxycodone. There is no documentation for functional improvement with previous use of Oxycodone. There is no documentation of compliance of the patient with his medications. Based on the above, the prescription of Oxycodone 15mg is not medically necessary.