

Case Number:	CM15-0210467		
Date Assigned:	10/29/2015	Date of Injury:	02/04/2004
Decision Date:	12/10/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/26/2015

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 female, who sustained an industrial injury on 2-4-04. The documentation on 9-2-15 noted that the injured worker has complaints of neck and upper extremities sharp, stabbing pain, stiffness, weakness, numbness, paresthesia and generalized discomfort. The injured worker has had a good, but partial response of medication. There is reduced range of motion of the cervical, thoracic and lumbosacral spines and right shoulder in all planes with a positive drop test. There is reduced sensation and strength in the distribution of the bilateral C6 and bilateral L5 spinal nerve roots; reduced sensation and strength in the distribution of the bilateral median nerves at the wrists with positive Tinel and Phalen signs bilaterally at the wrists and absent bilateral biceps deep tendon reflex. The diagnoses have included cervical spine disc syndrome with strain and sprain disorder, polyradiculopathy and spinal stenosis; bilateral carpal tunnel syndromes and bilateral double crush syndromes and lumbosacral spine disc syndrome with strain and sprain disorder. Treatment to date has included oxycodone; ambien; mobic; soma; prilosec; lyrica; skelaxin and lidocaine patches. The injured worker has been on oxycodone since 7-8-15. The injured worker is temporarily, totally disabled until 11-15-15. The original utilization review (9-28-15) modified the request for oxycodone 30mg #120 to oxycodone 30mg #105.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg #120: Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in February 2004 and continues to be treated for neck and upper extremity pain with weakness, stiffness, numbness, paresthesias, and generalized discomfort. When seen in September 2015 the assessment references a good but partial response to treatment. Physical examination findings included decreased spinal and right shoulder range of motion with positive drop test. There was decreased upper and lower extremity sensation with positive Tinel's and Phalen's testing bilaterally. There was cervical and lumbar spine tenderness with muscle spasms. There were findings of upper extremity CRPS. Oxycodone and extended release tramadol were prescribed. The total MED (morphine equivalent dose) was 210 mg per day. Oxycodone and tramadol had been previously prescribed at an MED (morphine equivalent dose) of 220 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 1.5 times that recommended. There are no unique features of this case that would support dosing at this level and there is no documentation that opioid medication at a higher MED have provided decreased pain, an increased level of functions, or improved quality of life. Additionally, a pain assessment should include the current level of pain, the least reported level of pain over the period since the last assessment, the average level of pain, the intensity of pain after taking the opioid medication, how long it takes for pain relief to occur, and how long the pain relief lasts. In this case, adequate pain assessments are not being recorded. For either of these reasons, ongoing prescribing of Oxycodone at this dose is not considered medically necessary.