

Case Number:	CM15-0215701		
Date Assigned:	11/05/2015	Date of Injury:	02/05/2004
Decision Date:	12/22/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/03/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 47 year old female, who sustained an industrial injury on 2-5-04. The injured worker is diagnosed with type I complex regional pain syndrome of the left upper extremity, post cervical laminectomy syndrome, cervical radiculopathy, chronic pain syndrome and post cervical spine surgery (x2). Notes dated 6-29-15, 7-27-15, 8-24-15 and 9-21-15 reveals the injured worker presented with complaints of constant neck pain that radiates down her arms bilaterally and constant left arm pain accompanied by weakness and numbness in the left arm. The pain is described as sharp and aching and it is increased with activity and stress and is decreased with medication and rest. Physical examination dated 6-29-15, 7-27-15, 8-24-15 and 9-21-15 revealed tenderness over the cervical spinous processes and paraspinous region. The cervical spine range of motion is limited in all parameters. The left upper extremity reveals allodynia and hyperpathia. There is tenderness to palpation over the left arm, the left hand is cold to touch and there is significant guarding of the left upper extremity. Treatment to date has included medications-Fentanyl patch, Oxycodone (6-2015), Gabapentin and Lidoderm patch reduces her pain from 8-9 out of 10 to 4-5 out of 10 per note dated 9-21-15 and home exercise program. Diagnostic studies include urine toxicology screen. A request for authorization dated 9-17-15 for Oxycodone 15 mg #120 is modified to #75, per Utilization Review letter dated 10-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: Oxycodone is the generic version of OxyContin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, how long it takes for pain relief and how long relief lasts, increased level of function, or improved quality of life. The prior reviewer modified the request to Oxycodone 15 mg #75. As such the request for Oxycodone 15 mg #120 is not medically necessary.