

Case Number:	CM15-0219938		
Date Assigned:	11/12/2015	Date of Injury:	05/20/2010
Decision Date:	12/29/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/09/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 37 year old female, who sustained an industrial injury on 5-20-10. Medical records indicate that the injured worker is undergoing treatment for cervical facet syndrome and migraines. The injured workers current work status was not provided. On (9-28-15) the injured worker complained of neck pain. The pain had increased and her activity level had decreased since the last visit. The pain was rated 4 out of 10 with medications and 8 out of 10 without medications on the visual analog scale. The injured worker also noted her quality of sleep was poor. Examination of the cervical spine revealed tenderness over the paracervical muscles and trapezius muscles. Range of motion was restricted and painful. A Spurling's maneuver caused pain in the muscles of the neck, but no radicular symptoms. Cervical facet loading was positive on the left side. A subsequent progress report dated 8-31-15 noted that the injured workers pain level was 5 out of 10 with medications and 9 out of 10 without medications and on 7-27-15 the pain was rated 7 out of 10 without medications. Treatment and evaluation to date has included medications, Botox injection for migraines (6-4-15), physical therapy and acupuncture treatments. Current medications include Oxycodone (since at least March of 2015). The injured worker was pregnant and was noted to not be taking her usual medications. The injured workers activities of daily living were noted to have improved on the current doses of medications. The injured worker was able to perform household tasks including laundry, cooking, shopping and self-care for 30-45 minutes at a time with medications. The current treatment request is for Oxycodone 15mg #45. The Utilization Review documentation dated 11-4-15 non-certified the request for Oxycodone 15mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #45: 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, Weaning of Medications.

Decision rationale: Oxycodone is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient has been taking oxycodone since at least June 2015. Weaning from medications was planned due to patient's pregnancy. Weaning is not progressing as the patient is being prescribed the same quantity of oxycodone in November as she was in July 2015. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request is not medically necessary.