

Case Number:	CM15-0223716		
Date Assigned:	11/19/2015	Date of Injury:	05/23/2002
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old woman sustained an industrial injury on 5-23-2002. Diagnoses include cervical disc degeneration, right shoulder pain, ulnar nerve lesion, and pain disorder with related psychological factors. Treatment has included oral medications including Oxycodone (since at least 11-2014) and Belviq. Physician notes dated 10-5-2015 show complaints of chronic neck pain with radiation to the bilateral upper extremities and right elbow pain. The worker rates her pain 9-10 out of 10 without medications and 5-6 out of 10 with medications. The physical examination shows right upper extremity abduction is slightly weakened and is rated 4 out of 5 for strength, all other movements of the four extremities is rated 5 out of 5. Recommendations include Oxycodone, surgical consultation, cervical epidural steroid injections, and follow up in four weeks. Utilization Review denied a request for Oxycodone on 10-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #60: Upheld

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

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

Decision rationale: The current request is for OXYCODONE HCL 10MG #60. Treatment history includes functional capacity evaluation, physical therapy, acupuncture, right shoulder surgery, and medications. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 10/05/15, the patient presents with chronic neck pain with radiation to the bilateral upper extremities and right elbow pain. The physical examination shows right upper extremity abduction is slightly weakened and 4 out of 5 strength. The treater recommended a refill of Oxycodone. The patient has been utilizing Oxycodone since at least 08/05/14. The patient rates her pain 9-10 out of 10 without medications and 5-6 out of 10 with medications. With the use of medications she is able to complete her housework and "other self-care activates" with decreased pain and increased function. DEA CURES report indicates that the patient is only receiving medications from one provider, and UDS have been consistent. In this case, the treater does not provide any activity-specific functional improvements, and such vague documentation of functional improvement does not satisfy MTUS guidelines for continued opiate use. Without appropriate documentation of specific functional improvements, the continuation of narcotic medications is not appropriate. Given the lack appropriate documentation of the 4A's, the request IS NOT medically necessary and the patient should be weaned per MTUS.