

Case Number:	CM15-0224572		
Date Assigned:	11/20/2015	Date of Injury:	07/08/2012
Decision Date:	12/31/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 56 year old woman sustained an industrial injury on 7-8-2012. Diagnoses include lumbar spine disc herniation, lumbar radiculopathy, chronic neck pain, chronic thoracic spine pain, left hip degenerative joint disease, cervical spine myofascial pain, and left hip trochanteric bursitis. Treatment has included oral and topical medications including Norco and Gabapentin, left hip steroid injection, trigger point injection, Toradol injection, chiropractic care, and physical therapy. Physician notes dated 10-7-2015 show complaints of worsening neck pain rated 5 out of 10 with increased headaches, back pain rated 10 out of 10 with spasms and bilateral lower extremity numbness and tingling, and hip pain rated 9-10 out of 10 with constant spasms as well as left ear and jaw pain. The worker states the Norco brings her pain rating from 10 out of 10 to 7-8 out of 10. The physical examination shows tenderness to palpation over the left lower lumbar facets, thoracic paraspinal muscles, right trapezius, cervical paraspinal muscles, and left piriformis. Positive thoracic facet loading is noted, "decreased" range of motion of the cervical, thoracic, and lumbar spine regions is noted, there is a positive stretch test, and muscle spasms are noted over the cervical paraspinal muscles. Decreased sensation is shown to the left C7-C8 and L5 and S1 dermatomes, the deltoid and biceps muscles are slightly weakened. Recommendations include trial Oxycodone and follow up in four weeks. Utilization Review denied a request for Oxycodone on 10-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Oxycodone 5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 5 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar spine disc herniation; lumbar radiculopathy; chronic neck pain; chronic thoracic spine pain; left hip DJD; cervical myofascial pain; and left hip trochanteric bursitis. Date of injury is July 8, 2012. Request for authorization is October 7, 2015. According to a progress note dated February 2015, the treating provider prescribed Norco 10/325 mg at that time. According to an October 7, 2015 progress note, the treating provider wants to trial oxycodone. Subjective complaints are ongoing mid and low back pain, ear pain and neck pain. Norco 10 mg was taken TID to QID. Objectively, there is tenderness to palpation over the lumbar paraspinal muscles thoracic paraspinal muscles and cervical paraspinals. There is positive straight leg raising. According to the utilization review, the reviewer recommended weaning March 20, 2015 (UR#456470). There were two subsequent non-certifications of Norco. There is no documentation demonstrating objective functional improvement to support ongoing Norco. Even though the injured worker reports taking 3 to 4 Norco per day, the injured worker reports pain levels at 10/10 with multiple functional limitations. Based on the evidence of Norco with recommended weaning and the continued high report of pain and functional limitations despite its continued use; the change to another opiate has not been shown to be effective. There are no detailed pain assessments or risk assessments. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, continued pain despite the continued use of opiates, recommendations for weaning dating back to March 20, 2015 and no documentation demonstrating objective functional improvement with continued significant pain scales, Oxycodone 5 mg #90 is not medically necessary.