

Case Number:	CM15-0037710		
Date Assigned:	03/06/2015	Date of Injury:	07/27/2011
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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:

The injured worker is a 28 year old male who sustained a work related injury on July 27, 2011, injuring his neck and right upper extremity while lifting heavy equipment. He was diagnosed with cervical disc degeneration disease, cervical radiculopathy, and thoracic outlet syndrome. Treatment included cervical epidural steroid injections, physical therapy, massage therapy, acupuncture and medications. Currently, the injured worker complained of constant neck pain and depression secondary to the chronic pain. The treatment plan that was requested for authorization included prescriptions for Oxycontin and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; ongoing management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with constant neck pain and depression secondary to the chronic pain. The request is for Oxycontin 10mg Quantity 100. The RFA is not provided. Patient's diagnosis included cervical disc degeneration disease, cervical radiculopathy, and thoracic outlet syndrome. Treatments included cervical epidural steroid injections, physical therapy, massage therapy, acupuncture and medications. The reports do not reflect whether or not the patient is working. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The start date of Oxycontin is not known. In this case, treater has not stated how Oxycontin reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Oxycodone 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; ongoing management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids, Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents with constant neck pain and depression secondary to the chronic pain. The request is for Oxycodone 10/325 Mg Quantity 60. The RFA is not provided. Patient's diagnosis included cervical disc degeneration disease, cervical radiculopathy, and thoracic outlet syndrome. Treatments included cervical epidural steroid injections, physical therapy, massage therapy, acupuncture and medications. The reports do not reflect whether or not the patient is working. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The prescription for Oxycodone is first noted in the progress report dated 07/25/14 and the patient has been using the medication consistently at least since then. In this case, treater has not stated how Oxycodone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.