

<b>Case Number:</b>	CM15-0038966		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	06/03/2005
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 64 year old female, who sustained an industrial injury on 6/3/05. The injured worker has complaints of chronic neck pain, shoulder pain and headaches. The documentation noted that she had right arm radiating pain that lasted a week and a half when she was sick. She had tried to decrease the dose of medication, but the pain returned. The diagnoses have included cervicalgia; spasm of muscle and shoulder pain. The documentation on 1/14/14 the plan was to continue current medications; exercise regularly as tolerated; work on a healthy diet and follow-up as scheduled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Oxycodone 10mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing; Oxycodone.

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

**Decision rationale:** The patient was injured on 06/03/05 and presents with neck pain, shoulder pain, and headaches. The request is for Oxycodone 10 MG #60. The RFA is dated 05/07/14 and the patient's work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" 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, criteria for use of opiates, ongoing management also requires documentation of the 4A's (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. In this case, none of the 4 A's are addressed as required by MTUS guidelines. The treater does not provide any before-and-after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS guidelines. The treater did not provide a urine drug screen to see if the patient is compliant with his medications. The treating physician does not proper documentation that is required by MTUS guidelines for continued opioid use. Therefore, the requested Oxycodone IS NOT medically necessary.