

Case Number:	CM15-0042111		
Date Assigned:	03/12/2015	Date of Injury:	06/01/2011
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/05/2015

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 39 year old male, who sustained a work/ industrial injury on 6/1/11. He has reported initial symptoms of pain and weakness in the shoulder and low back pain rated 7/10 with medication and 8/10 without. The injured worker was diagnosed as having pain in the joint of the shoulder. Treatments to date included medication, surgery (s/p arthroscopic decompression and Bankart labral repair 2/19/12), and psychology care for depression. Lumbar x-ray's noted L2 and L3 retrolisthesis and grade 1 anterolisthesis at L4-5 without definite spondylolysis. Currently, the injured worker complains of left shoulder and back pain. The treating physician's report (PR-2) from 1/21/15 indicated an antalgic gait with use of a cane, restricted range of motion of the lumbar spine, hypertonicity and spasm to the paravertebral muscles with tenderness, and absence of discomfort with facet loading. Faber's test, straight leg raise (SLR), and ankle jerk tests were negative. There was absence of neurological dysfunction aside from sensory loss of the left hand to light touch. Medications included MS Contin, Oxycodone, Diclofenac, Amitiza, Trazodone, and Voltaren gel. Treatment plan included Oxycodone HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCl 10mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 06/01/2011 and presents with lower back ache and left shoulder pain. The request is for Oxycodone HCL 10 mg #90. The RFA is dated 09/20/2014 and the patient is currently not working. He has been taking oxycodone as early as 10/16/2014. MTUS Chronic Pain Medical Treatment Guidelines page 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 4 A'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. The 11/13/2014 report states that the patient is using oxycodone for breakthrough pain. "At this time, with current pain reduced from 8/10 to 5/10, he is able to practice his HEPs daily and able to get to his second floor apartment". The 12/11/2014 report indicates that the patient rates his pain as an 8/10 without medications and a 5/10 with medications. The 02/05/2014 report states that he rates his pain as a 10/10 without medications and has no new problems/side effects. The patient had a urine toxicology report on 11/13/2014 which revealed that he was consistent with his medication use. The patient's medications help to "decrease pain and optimize function and activities of daily living". In this case, the treater documents pain scales describing before and after medication usage to document analgesia, provides examples of ADLs which demonstrate medication efficacy, and provides a discussion regarding adverse behavior/side effects. The patient has a CURES report on file and has been consistent with his urine drug screen. Therefore, the requested Oxycodone HCL IS medically necessary.