

Case Number:	CM15-0047456		
Date Assigned:	03/19/2015	Date of Injury:	06/27/2012
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/12/2015

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 50-year-old male, who sustained an industrial injury on 06/27/2012. The injured worker was diagnosed as having traumatic brain injury with cognitive dysfunction, cervicogenic headaches, flexible neuralgia, and posttraumatic headaches with migrainous features, vestibular dysfunction, depression, low back pain and sleep disruption. Treatment to date has included medications, psychotherapy, occipital nerve blocks, x-rays and nerve conduction studies. Currently, the injured worker complains of neck pain and headaches with light sensitivity, some occasional nausea, vomiting, occasional dizziness associated with headaches. He had been trialed on Nuedexta without much benefit or change in mood. He continued to be very depressed with decreased motivation. He had improvement of pain for about 2 to 3 days following occipital nerve blocks. Current medication regimen includes Treximet, Tylenol and Ultram. Treatment plan included cervical MRI, follow-up with interventional pain management for medial branch blocks, continue Cymbalta, Treximet, Tylenol, Ultram, Ritalin and Melatonin and discontinue Nuedexta and Celexa, follow up with neuropsychology, continue with psychological counseling and follow up in four to five weeks. The provider also noted that Botox injections would be considered for migraine prophylaxis. The injured worker had severe debilitating headaches over 15 days out of the month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Oxycodone 5g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 presents with neck pain and headaches with light sensitivity, some occasional nausea, vomiting, occasional dizziness associated with headaches. The request is for medication: oxycodone 5g. The RFA is not provided. Patient's diagnosis included traumatic brain injury with cognitive dysfunction, cervicogenic headaches, flexible neuralgia, and posttraumatic headaches with migrainous features, vestibular dysfunction, depression, low back pain and sleep disruption. 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 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. There is no progress reports provided. Per review of the medical records available, it is not known when the patient initiated Oxycodone and how it was utilized. 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. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.