

Case Number:	CM15-0054030		
Date Assigned:	03/27/2015	Date of Injury:	11/14/2006
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 54 year old female, who sustained an industrial injury on 11/14/06. She reported injury to head, neck, upper back, bilateral shoulders, left arm, bilateral wrists, bilateral hands and bilateral knees. The injured worker was diagnosed as having post cervical laminectomy syndrome, cervical disc disorder, bilateral shoulder pain, cervical radiculopathy and cervical pain. Treatment to date has included physical therapy, acupuncture, chiropractic therapy, oral medications including opioids, TENS unit, cervical spine fusion, left shoulder arthroscopy and decompression surgery, steroid injection to shoulder, cervical epidural steroid injections and a stellate ganglion block and chiropractic treatment. Currently, the injured worker complains of neck and bilateral shoulder pain. The injured worker states pain is significantly relieved by medications. Upon physical exam cervical spine range of motion is noted to be decreased and tenderness is noted at the paracervical muscles, rhomboids and trapezius; decreased range of motion of right shoulder is noted and decreased range of motion is noted of left shoulder. The treatment plan included continuation of oral medications and addition of a trial of OxyContin and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg QTY: 90.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the cervical spine, bilateral shoulder, left arm, and bilateral wrist. The current request is for Oxycontin 40 mg QTY: 90. The treating physician states, "Patient rates her pain with medications as 2 on a scale of 1 to 10. Patient rates her pain without medications as a 7 on a scale of 1 to 10. No new problems or side effects. She states her medications are working well." (26B) The treating physician goes onto state, "She has trialed Oxycontin and Percocet as prescribed last clinic visit and notes medication regimen is decreasing her pain to a more tolerable level- thus allowing her to complete her ADLs independently." (31B) For chronic opiate use, the 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 aberrant 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, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary and the recommendation is for authorization.

Percocet 10/325mg QTY: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with pain affecting the cervical spine, bilateral shoulder, left arm, and bilateral wrist. The current request is for Percocet 10/325 mg QTY: 60. The treating physician states, "Patient rates her pain with medications as 2 on a scale of 1 to 10. Patient rates her pain without medications as a 7 on a scale of 1 to 10. No new problems or side effects. She states her medications are working well." (26B) The treating physician goes onto state, "She has trialed Oxycontin and Percocet as prescribed last clinic visit and notes medication regimen is decreasing her pain to a more tolerable level- thus allowing her to complete her ADLs independently." (31B) For chronic opiate use, the 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 aberrant 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

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