

Case Number:	CM15-0231451		
Date Assigned:	12/07/2015	Date of Injury:	04/09/2004
Decision Date:	01/12/2016	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female, who sustained an industrial injury on April 09, 2004. The injured worker was diagnosed as having central pain syndrome, sequelae of closed fracture of atlas, and subsequent encounter of craniocerebral trauma. Treatment and diagnostic studies to date has included a medication regimen. In a progress note dated October 12, 2015 the treating physician reports complaints of "central pain symptoms that wax and wane" along with depression, and insomnia. Examination performed on October 12, 2015 was revealing for decreased range of motion to the neck. On October 12, 2015 the injured worker's current medication regimen included Calcium Carbonate, Vitamin C, Vitamin D3, Cyclobenzaprine, Diazepam, Diphenhydramine HCl, Duloxetine, Metanx, Algal Oil, Lidoderm Patch, Nortriptyline, Oxycodone (since at least prior to June 10, 2015), Biotene, and Nucynta ER. On October 12, 2015 the treating physician noted that the injured worker has had a decrease in sleep disruption secondary to pain with the use of the injured worker's medication regimen, but had a "number of days when her breakthrough pain was worse so that her function was diminished, but she did not average more than 25mg of Oxycodone daily". However the progress note did not include the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with activities of daily living with the use of her medication regimen. In the progress note from August 17, 2015 the injured worker's pain level was rated a 3 to 4 out of 10 with the use of the medications Oxycodone and Nucynta

that increases to a 5 to 6 out of 10 as the medications wear off, and rated the pain level an 8 to 9 out of 10 without her medication regimen. On October 12, 2015 the treating physician requested one (1) prescription of Oxycodone 5mg with a quantity of 140 as needed for breakthrough pain. On October 21, 2015 the Utilization Review determined the request for one (1) prescription of Oxycodone 5mg with a quantity of 140 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Oxycodone 5mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in April 2004, while training a horse, she was thrown and sustained a C1 burst fracture. She continues to be treated for chronic pain. Medications include oxycodone referenced as decreasing pain from 8-9/10 to 3-4/10 and extended release Nucynta as decreasing pain from 8-9/10 to 5-7/10. When seen September 2015, review of systems was positive for ongoing central pain. She was having difficulty sleeping due to pain. She had urinary incontinence and retention. Physical examination findings included a body mass index of nearly 29. She had pain that would occasionally distract her train of thought. There was mild anxiety. Medications were continued. The total MED (morphine equivalent dose) was up to 185 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is 1.5 times that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support ongoing dosing at this level, and weaning of the currently prescribed medications is not being actively done. Ongoing prescribing at this dose is not considered medically necessary.