

Case Number:	CM14-0114954		
Date Assigned:	08/04/2014	Date of Injury:	05/17/1999
Decision Date:	10/06/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old female with a 5/17/1999 date of injury. The patient was seen on 6/5/2014 with complaints of continued low back pain, in addition to neck stiffness and pain radiating down to the right upper extremity. At that time, the exam revealed tenderness of the cervical spine, lumbar spine, and facet joint, in addition to crepitus. Decreased range of motion was also noted. The patient's diagnoses include lumbago, low back pain, radiculitis (lumbar, thoracic), disc degeneration lumbosacral, facet arthropathy (cervical, thoracic, or lumbar), cervical pain/cervicalgia, and myofascial pain syndrome/fibromyalgia. Medications at the time of visit include Biofreeze, Toradol, Norco 10-325, 1 tablet PO q4h, Zanaflex, Motrin, and Soma. The patient indicated a pain level of 7/10 with medications, and 10/10 without medications. The patient was prescribed Oxycodone 15mg, 1 PO q6h PRN due to the patient's complaint of her current medications being no longer helpful. The patient was then followed-up on 7/2/2014 and indicated a decreased pain level of 5/10 with medications (from a 7/10 on 6/5/2014) and 10/10 without medications. Exam revealed tenderness of the cervical spine, lumbar spine, and facet joint, along with crepitus and decreased range of motion. Significant Diagnostic Tests: 1. MRI Cervical Spine without contrast dated 10/28/2013 showed 1) post-surgical changes of ACDF at C6-C7, 2) disc protrusions at C3-C4 and C5-C6, 3) multilevel facet arthropathy, severe on the right at C3-C4, 4) mild spinal canal stenosis at C3-C4. 2. Urine drug screen conducted on 7/2/2014 was NEGATIVE for amphetamines, cocaine, methadone, and opiates, barbiturates - benzodiazepine. 3. Urine drug screen conducted on 10/23/2013 with consistent results. Treatment to date: medications, activity modification, anterior cervical discectomy and fusion. An adverse determination was received on 7/3/2014. The request was upheld/non-certified due to lack of evidence of an objective assessment of the patient's pain level, functional status, and evaluation

for risk of aberrant drug abuse behavior, and side effects. There was no indication of the frequency of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no evidence of significant functional gains, or a specific description of a decrease in pain (i.e. via VAS or percent reduction in pain) with this medication. In addition, there is no or recent CURES reports or prescription history. In addition, the urine drug dated 7/2/14 was negative for opiates, and there is no documentation of how many tablets the patient is taking. Therefore, the request for oxycodone was not medically necessary.