

Case Number:	CM14-0119017		
Date Assigned:	08/08/2014	Date of Injury:	07/06/2010
Decision Date:	10/10/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	07/29/2014

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 57-year-old female with a 7/6/10 date of injury. The mechanism of injury was related to hitting her head while walking under a low overhead clearance. According to a progress note dated 6/19/14, the patient presented with ongoing pain in the neck and left shoulder. It radiated from the base of the head down into shoulders, back, and down to fingers. She rated her pain a 4 on a scale of 0 to 10. The patient reported difficulty sleeping due to pain, anxiety, and spasms. She reported that her symptoms have gotten worse since her last visit. Objective findings: pain limited range of motion of the cervical spine, sensation intact to light touch in dermatomes C6-C8 bilaterally, cervical spine Spurling's test (+), Adson's test (+) shoulders. Diagnostic impression: cervical radiculopathy, shoulder strain, lumbosacral strain. Treatment to date: medication management, activity modification, physical therapy, trigger point injections, home exercise program, TENS unit. A UR decision dated 7/19/14 denied the request for oxycodone. The guidelines state "Oxycodone is not intended for the use as a PRN analgesic." This request remains unclear, as there was a lack of documented evidence of severe pain. Furthermore, the urine drug screen tested negative for her prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Oxycodone 15mg #90 was not medically necessary.