

Case Number:	CM14-0145873		
Date Assigned:	09/12/2014	Date of Injury:	01/08/2007
Decision Date:	10/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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:

The injured worker is a 54-year-old female who reported a date of injury of 01/08/2007. The mechanism of injury was not indicated. The injured worker had diagnoses of cervical disc degeneration, neck pain, shoulder arthralgia, and depressive disorder. Prior treatments were not indicated within the medical records received. The injured worker had x-rays and MRIs of unknown dates. Official reports were not included within the medical records provided. Surgeries were not indicated within the medical records provided. The injured worker had complaints of back pain and rated the pain 7/10. The clinical note dated 09/11/2014 noted the injured worker had tenderness to palpation and increased tone over the posterior cervical muscles, reduced range of motion, and tenderness to palpation over the deltoid region of the right shoulder with positive impingement signs. Medications included OxyContin, Norco, and Cymbalta. The treatment plan included OxyContin, Norco, and the physician's recommendation for a referral for a pain management consult. The rationale was not indicated within the medical records provided. The Request for Authorization form was received on 08/04/2014.

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 Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The request for Oxycodone 15 mg #120 is not medically necessary. The injured worker had complaints of back pain with the pain rated 7/10. The California MTUS Guidelines indicate the lowest possible dose of opioids should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Opioids appear to be efficacious for chronic back pain but limited for short term pain relief and long term efficacy is unclear, usually greater than 16 weeks, but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The Guidelines indicate failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy; however, the injured worker is noted to have been prescribed oxycodone since at least 12/2013, which exceeds a short term use of the recommended guidelines. There is a lack of documentation of an adequate pain assessment to include the injured worker's pain intensity before and after the use of the medication, how long the pain relief lasted and how long it took for the medication to become effective. Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.

Oxycontin 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The request for OxyContin 30 mg #30 is not medically necessary. The injured worker had complaints of back pain with the pain rated 7/10. The California MTUS Guidelines indicate the lowest possible dose of opioids should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be noted. Pain assessments should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Opioids appear to be efficacious for chronic back pain but limited for short term pain relief and long term efficacy is unclear, usually greater than 16 weeks, but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is a lack of documentation of an accurate pain assessment. The Guidelines indicate failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of

alternative therapy; however, the injured worker is noted to have been prescribed OxyContin since at least 12/2013. This exceeds the guidelines recommend short term treatment . Additionally, the request as submitted did not specify a frequency of the medication's use. As such, the request is not medically necessary.