

Case Number:	CM14-0159772		
Date Assigned:	10/03/2014	Date of Injury:	10/14/2008
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in 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:

This is a 52-year-old patient who sustained an industrial injury on 10/14/2008. The mechanism of injury occurred from a trip and fall while walking downstairs with tools, striking his head against the wall. Patient has been diagnosed with us concussive syndrome, posterior medics seizure disorder, posterior medical headaches, chronic pain syndrome, rule out possible posterior medical visual syndrome, hearing loss, posttraumatic migraines, unclear etiology for bilateral upper extremity paresthesias subjectively, depression/anxiety. Previous treatment has included physical therapy, vestibular rehabilitation, chiropractic, trigger point injections, Botox injections, specialist evaluations with audiologist and neurologist, as well as medications. A request for oxycodone/APAP 10/325 mg #120, 30 day supply, was modified a utilization review on 09/05/14. The reviewing physician completed a peer-to-peer conversation with the treating provider who reported he did not have any recent urine drug screening reports demonstrating compliance or measurable functional improvement resulting from chronic use of opioids. It was reported that the provider agreed to a modified treatment plan and would readdress ongoing need for continued use and provide additional documentation to substantiate such at the next evaluation. Most recent progress note dated 05/29/14 reveals the patient continues to complain of residual symptoms of impaired cognition, dizziness, gait instability, decreased balance, chronic neck and upper back pain, hearing loss, visual changes, dizziness, headaches, and seizures. The patient reportedly has severe depression and chronic pain syndrome. Medications include oxycodone/acetaminophen 7.5/325 mg 1 tablet every 4 hours as needed, amitriptyline 25 mg 1 tablet by mouth at bedtime, amlodipine 1 tablet daily, and alprazolam 2 mg, 1 tablet at bedtime as needed. Objective findings revealed the patient is able to ambulate to and from the examining room without evidence of splinting, guarding, pain behavior or antalgic gait. The patient is unable to sit for any amount of time and needed to get up and stretch and perform

range of motion/stretching to his neck and upper back. The patient was cooperative and appropriate but depressed. Musculoskeletal examination was reported as essentially unchanged. Additional physical therapy/vestibular therapy were recommended as well as adjustment counseling. Elavil was increased and a trial of Cymbalta was prescribed to minimize Xanax use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone/APAP Tab 10/325 mg, day supply 30, quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77, 86, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no description of pain relief provided, such as visual analog scale (VAS) scores pre and post medication use, and no indication of significant functional benefit or return to work. Documentation does not contain a urine drug screen report indicating recent medication monitoring for compliance and screening for aberrant behavior. There was no documented signed narcotic agreement. Frequency of dosing is not specified in the request. Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. Oxycodone/APAP tab 10/325 mg, day supply 30, quantity 120 is not medically necessary.