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| Case Number: | CM14-0161997 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 03/01/2009 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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 Occupational 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 59 years old man had a date of injury on 3/1/09 in the setting of chronic neck pain with cervical degenerative disk disease, cervical radiculopathy, thoracic sprain/strain, lumbar sprain/strain and right shoulder sprain/strain with impingement, rotator tendinopathy and degenerative joint disease. A progress note from 9/10/13 demonstrates subjective findings of increased back pain and trouble with managing his neck, low back and left shoulder pain despite being on chronic oxycodone therapy (10 mg and 15 mg). Also, physical examination during that visit reveals significant tenderness to palpation across the lower back and positive signs of nerve impingement in the right shoulder. Additionally, the neurologic examination reveals worsening motor deficits in the right upper extremity. Treatment to date includes lumbar epidural injections, chiropractic therapy, acupuncture treatment, oral medication, Cortisol injections and Toradol injections. Urine drug screen dated 6/17/14: patient was positive for oxycodone and oxymorphone UR decision dated 9/18/14 denied the request for oxycodone 15 mg on the basis that there is a lack of documented functional improvement, no signed pain contract, a lack of a documented urine drug screening to confirm compliance and that there are alternative non-addictive medications that would also be efficacious.

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.

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. This patient has not demonstrated having benefit from existing oxycodone therapy as he complains of worsening pain on his most recent provider visit and was found to have a decrease in his functional status given that he had more weakness on examination. Furthermore, his urine drug screen dated 6/17/14 revealed both oxycodone and oxymorphone despite that he had only been prescribed oxycodone 15 mg at that time. This indicates that he may be taking non-prescribed opioid therapy. It is also unclear why this patient is not on an agent for neuropathic pain. Therefore, the request for Oxycodone 15 mg is not medically necessary.