

Case Number:	CM14-0162754		
Date Assigned:	10/07/2014	Date of Injury:	06/13/2002
Decision Date:	10/30/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/03/2014

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 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 51 year-old female patient sustained an injury on 6/13/2002 from moving a case of plumbing valves up a flight of stairs while employed by [REDACTED]. Request(s) under consideration include Oxycodone 30mg. Diagnoses include lumbosacral spine disk syndrome/ sprain/strain disorder/ radiculopathy s/p discectomy laminectomy in 2006; right rotator cuff syndrome with right suprascapular neuropathy; right upper RSD; chronic pain syndrome; and idiopathic insomnia. Conservative care has included medications, therapy, and modified activities/rest. Requests from the provider include medication refills of Oxycodone 30 mg #150; Norco, Restoril; and Soma. Report from the provider noted the patient with continued chronic low back and bilateral shoulder pain, stiffness, and weakness; been fair, but very partial response to medication. Exam showed diffuse decreased in range of the bilateral shoulders and lumbosacral spine in all planes; decreased sensation and strength in right S1 nerve root and weakness of bilateral suprascapular nerves and reduced sensation/ strength in left tibial nerve at left ankle; tenderness and spasm of paraspinal lumbar muscles with positive right hand/shoulder syndrome and stage II dystrophic right hand. The request(s) for Oxycodone 30mg was modified for quantity of 120 for weaning on 9/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The California MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 2002 injury. The Oxycodone 30mg is not medically necessary and appropriate.