

Case Number:	CM14-0162922		
Date Assigned:	10/08/2014	Date of Injury:	02/02/2010
Decision Date:	11/07/2014	UR Denial Date:	09/29/2014
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 Anesthesia, has a subspecialty in Acupuncture 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:

Claimant is a 49 year old male injured worker with date of injury 2/2/10 with related neck, bilateral upper extremity, and bilateral wrist pain. Per progress report dated 9/18/14, the injured worker rated his pain with medications 2-5/10 and 8/10 without medications. He denied any symptoms other than pain. Quality of sleep was poor. Per physical exam, tenderness was noted about the paravertebral muscles of the cervical spine, spasm and tenderness were noted bilaterally about the paravertebral muscles of the lumbar spine. Treatment to date has included physical therapy and medication management. The date of UR decision was 9/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for a prescription for Oxycodone HCL 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids when to continue opioids Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 78,92.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and

psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records do not reveal any documentation to support the medical necessity of Oxycodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The California Medical Treatment utilization Schedule (MTUS) considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS noted was 8/2013, which was consistent with prescribed medications. As California MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.