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| Case Number: | CM14-0168187 | | |
| Date Assigned: | 10/15/2014 | Date of Injury: | 01/01/2010 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 09/12/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old female with a 1/1/10 date of injury. At the time (9/12/14) of the Decision for Retrospective request for 1 general narcotic medication review for 3 medications (Oxycodone HCL 30mg, Oxycodone HCL 10mg, Hydrocodone Acetaminophen 10-325mg), there is documentation of subjective (neck, midscapular, and bilateral shoulder pain) and objective (tenderness over cervical paraspinal muscle, decreased bicep strength, and decreased sensation over C5-6 distribution) findings, current diagnoses (cervical radiculitis), and treatment to date (medications (including ongoing treatment with Soma, Oxycodone, and Hydrocodone Acetaminophen)). Medical report identifies that medications are from two separate providers. There is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycodone and Hydrocodone Acetaminophen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 general narcotic medication review for 3 medications (Oxycodone HCL 30mg, Oxycodone HCL 10mg, Hydrocodone Acetaminophen 10-325mg): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Oxycodone Page(s): 74-80;92. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. In addition, specifically regarding Oxycodone, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time, as criteria necessary to support the medical necessity of Oxycodone. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of cervical radiculitis. In addition, there is documentation of ongoing treatment with Oxycodone and Hydrocodone Acetaminophen. However, given documentation that medications are from two separate providers, there is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of pain, there is no (clear) documentation of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Furthermore, given documentation of ongoing treatment with Oxycodone and Hydrocodone Acetaminophen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Oxycodone and Hydrocodone Acetaminophen use to date. Therefore, based on guidelines and a review of the evidence, the request for 1 general narcotic medication review for 3 medications (Oxycodone HCL 30mg, Oxycodone HCL 10mg, Hydrocodone Acetaminophen 10-325mg) is not medically necessary.