

Case Number:	CM14-0083337		
Date Assigned:	07/21/2014	Date of Injury:	12/03/2001
Decision Date:	10/16/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

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 Family 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:

The injured worker is a 44 year old female injured on 12/03/01 during an intake of a violent mental health patient, resulting to an injury of the neck and hands. The injured worker has been followed for complaints of chronic severe cervical pain due to degenerative joint and disc disease with history of complex regional pain syndrome. Current diagnosis include CRPS of the bilateral upper extremities, bilateral neuropathic pain of the upper extremities, status post placement of spinal cord stimulator, history of carpal tunnel release bilaterally in 2002, cervical degenerative disc disease and joint disease, cervical radiculopathy, depression with panic attacks and chronic unremitting neck pain with headaches. The injured worker underwent prior left C3-5 radiofrequency neurotomies with a reported 80-90% relief. The injured worker underwent intrathecal pump implantation on 12/03/13. Clinical note dated 03/20/14 indicated Kadian was discontinued on 03/16/14 and she experienced withdrawal symptom, hence she took Kadian tab again and the withdrawal symptom subsided. Her pain level was rated as 10/10 without medications, and with medications, pain is rated as 6/10. The medications have kept her functional, allowed increased mobility and tolerance of daily activities. Medications include Kadian 50mg Q 12hrs, Oxycodone HCl 30mg 1 tab Q 4hrs for breakthrough pain, Oxycontin 60mg TID prn, Medrol (PAK) 4mg prn for flare up, Tizanidine HCl 4mg 1-2 Q 4-6hrs for spasms, Promethazine VC/codeine syrup q 4-6hrs, Zofran 8mg tab Q 4-6hrs, Amitiza 24mcg caps BID. Motor examination revealed decreased strength in the left and right upper extremities. There was decreased sensation to pinprick in the right C5, C7 and decreased in the left C6 and C7 levels. There were decreased sensation to light touch on bilateral right and left upper extremities. Cervical range of motion revealed forward flexion to 40 degrees, right and left lateral flexion to 35 degrees, hyperextension to 50 degrees, and right and left lateral rotation to 55 degrees. Clinical note dated 04/08/14 indicated the injured worker returns for reevaluation

and pump maintenance. She continues to have chronic pain requiring intrathecal pump. Clinical note indicated the injured worker has multiple medications for pain relief and will be in the process of weaning her down. She continues to have cervical as well as upper thoracic pain, with pain level rated as 7/10. Physical examination revealed mild edema of the lower extremities. The pump was refilled and reprogrammed to deliver Dilaudid at 5mg /24hr period and Sufentanil to which was programmed at 133mcg per day. Clinical note dated 04/15/14 indicated the injured worker is anxious to taper her medications. She had reduced her medications and is now taking Kadian to 50 mg tab daily and Oxycodone 30mg for breakthrough pain. The injured worker indicated that without medications her pain level is 10/10 and with medications, 2/10. Her current pain level was rated as 4/10. The prescribed medications keeps her functional, allows increased mobility and tolerance of activities of daily living. Physical examination remained the same as the previous visit. Medications include renewal of Adderall 20mg TID, Amitiza 24mcg cap BID, Continue Oxycodone HCl 30mg tab Q 4hrs prn for breakthrough pain. #180. Clinical note dated 05/20/14 indicated the injured worker came for pump progress report. She complains of increasing aching hands. The injured worker continues to use Oxycontin and Oxycodone for breakthrough pain. The injured worker reported her pain level as 6/10, and her neck pain is about with pain level is about 3-4/10. Examination revealed tenderness in her wrists and joints. Her intrathecal pump was refilled and with the increase in Sufentanil she may be able to cut down on oral medications. There are no other recent clinical documentation submitted for review. The previous request for Oxycodone HCl 30mg tab #180 was certified on 05/22/14 to #150 to allow for weaning to off over the next 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30 mg Tabs #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-82, 86-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Further, current guidelines indicate opioid dosing should not exceed 100mg morphine equivalent dosage/day. The patient's current MED for Oxycodone alone is 270 morphine equivalent dosage per day. Aside from Oxycodone, patient utilizes Oxycontin, Kadian, and is on an intrathecal pump since 12/2013 for her pain medications. As the injured worker is utilizing narcotic medications way above the maximum recommended dose, the medical necessity of the medication, Oxycodone HCl 30mg tab #180, cannot be established at this time.