

Case Number:	CM14-0089270		
Date Assigned:	07/23/2014	Date of Injury:	06/27/2005
Decision Date:	10/01/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 54 year old female who sustained an industrial injury on 6-27-05. On this date, the claimant was unlocking cabinets in the stockroom when she strained her right shoulder and neck. The claimant underwent a cervical spine fusion and discectomy C5-C7 and C6-C7 on 8-30-10. The claimant has been treated with physical therapy, chiropractic therapy and injections. Most recent records reflect the claimant has ongoing occipital headaches. Her pain is 8/10 with medications and 10/10 without medications. She is limited in her ADL's (activities of daily living). Medications reported to help.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone ER 40mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - opioids

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflects that ongoing use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The claimant reports benefit with this medication, yet specifics regarding her functional improvement are not provided. The pain assessment is not thoroughly documented as required for ongoing use. This claimant is also being prescribed Hydrocodone and her total MED dosage exceeds current guideline recommendations. Therefore, the request is not medically necessary.