

Case Number:	CM14-0208718		
Date Assigned:	12/22/2014	Date of Injury:	02/02/2010
Decision Date:	02/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

49 y/o male injured worker with date of injury 2/2/10 with related neck and bilateral upper extremity pain. Per progress report dated 11/20/14, the injured worker rated his pain with medications 2/10, and 7/10 without medications. He complained of poor quality of sleep. Per physical exam, tenderness was noted about the bilateral cervical paravertebral muscles. Tenderness was noted at the rhomboids and trapezius. There was tenderness to palpation and spasm noted about the bilateral paravertebral muscles of the lumbar spine. Range of motion was painful in all planes. Lumbar facet loading was positive on both sides. The date of UR decision was 12/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines Pg. 78 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 non-adherent) 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."Per progress report dated 11/20/14, it was noted that UDS dated 10/23/14 was inconsistent. The injured worker was negative for Roxicodone and positive for Norco. He was not using Roxicodone at time of last visit due to delays at pharmacy. It was noted that he was taking Norco from another provider due to cervical spine surgery 10/16/14. I respectfully disagree with the UR physician's use of the chronic pain guidelines to assess the medical necessity of opiates being used for acute post-operative pain. The request is medically necessary.