

Case Number:	CM14-0214603		
Date Assigned:	01/07/2015	Date of Injury:	12/17/2009
Decision Date:	02/24/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 42-year-old man with a date of injury of December 17, 2009. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical facet joint pain at C5-C6, Ct-T1; cervical facet joint arthropathy; chronic neck pain; left shoulder impingement; chronic thoracic back pain; and chronic low back pain. Pursuant to the progress note dated October 7, 2014, the IW complains of bilateral neck pain, shoulder pain, thoracic back pain, and low back pain. The IW reports 50% improvement since receiving the in-office left shoulder cortisone injection on September 11, 2014. Physical examination findings reveal tenderness to palpation (TTP) of the cervical paraspinal muscles overlying the bilateral C5-C6, C6-C7, and C7-T1 facet joints. There is also TTP to the bilateral shoulders and lumbar spine. Muscle strength was 5/5 in all limbs. Current medications include Percocet 10/325mg, Cymbalta 60mg, Ativan 0.5mg, Lyrica 100mg, Naprosyn, Docusate sodium, and Fioricet. According to the progress note dated March 11, 2014, the IW was given Percocet (Oxycodone) 10/325mg #180 on March 8, 2014 from the office. There were no detailed pain assessments, risk assessments, or urine drug screens in the medical record available for review. There was no evidence of objective functional improvement associated with the ongoing use of Oxycodone. The current request is for Oxycodone 10/325mg q 4h #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10/325mg q 4h #180: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain Section, Opiates

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are cervical facet joint pain at C5-C6, Ct-T1; cervical facet joint arthropathy; chronic neck pain; left shoulder impingement; chronic thoracic back pain; and chronic low back pain. Percocet (Oxycodone) 10/325mg #180 was requested on March 8, 2014 from the office. The documentation contains no detailed pain assessments, risk assessments, or urine drug screens in the medical record available for review. There was no documented evidence of objective functional improvement associated with the ongoing use of Oxycodone. Consequently, absent clinical documentation to support the ongoing use of oxycodone with evidence of objective functional improvement in the absence of detailed pain assessments, the request is not medically necessary.