

<b>Case Number:</b>	CM14-0215252		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/08/1986
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 56-year-old male who sustained injury to his head and neck while working as an air conditioning installer on 10/8/86. The treating physician report dated 11/18/14 (272) indicates that the patient presents with persistent moderate to severe axial cervical spine pain. The physical examination findings reveals tenderness in the bilateral facets at C5-6 and paravertebral muscles at the base of the occiput to C7, right more than left. Moderate limitation in cervical flexion, extension and side bending. Diminished grip is noted bilaterally. Sensation is grossly intact. Prior treatment history includes Chiropractic, physical therapy and acupuncture with some benefit. He had a transforaminal injection on the left at C5-6 and C6-7 with 50% improvement. He more recently had bilateral facet blocks on 9/19/14 at C5-6 with report of 70% improvement. The 4/18/13 MRI findings reveal C5-6 disc protrusion with impingement of the C6 nerve roots, and C6-7 disc protrusion with mild to moderate spine stenosis with suspected C7 nerve root impingement bilaterally. His current medications include Acetaminophen, Gabapentin, Ibuprofen, Oxymorphone, Simvastatin, and Zolpidem. The records indicate that the patient has not worked since 2006. The current diagnoses are displacement cervical disc without myelopathy, degeneration of cervical disc, spinal stenosis, and cervical/brachial radiculitis. The utilization review report dated 12/12/14 modified the request for Oxymorphone 5mg #270 for the purpose of weaning the patient off of opioid medication, noting lack of medical necessity for the current request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxymorphone 5mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** The patient presents with persistent moderate to severe neck pain. The current request is for Oxymorphone 5mg #270. The treating physician does not provide any documentation of decreased pain or improved function with the use of Oxymorphone. The MTUS Chronic Pain Guidelines states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. 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 from 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. The 4A'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 psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and 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." In this case, there is no documentation supporting continued opioid usage. There is some discussion regarding adverse side effects and aberrant drug behaviors. However, documentation of analgesia and functional benefit is missing. The MTUS Chronic Pain Guidelines requires much more thorough documentation for continued opioid usage. The request is not medically necessary and appropriate.