

Case Number:	CM14-0215862		
Date Assigned:	01/05/2015	Date of Injury:	12/21/2004
Decision Date:	02/20/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, 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:

This is a 55 year old male who sustained a work related injury on December 21, 2004. The mechanism of injury was not provided. A recent progress report dated November 17, 2014 notes that the injured worker reported non-radiating low back pain, intermittent non-radiating neck pain and throbbing right shoulder pain. The injured workers pain level of the neck and back was noted to be a five out of ten on the Visual Analogue Scale with medication. Right shoulder pain was noted to be an eight out of ten on the Visual Analogue Scale. The injured worker was also experiencing migraine headaches and an increase in jaw locking related to the neck pain. Physical examination of the cervical spine revealed decreased range of motion and pain with motion. Tenderness was noted over the paracervicals and the trapezius regions. Right shoulder examination revealed no redness, swelling or warmth and active range of motion was normal. Examination of the lumbar spine showed tenderness of the ischial tuberosity, paraspinal region at lumbar four and the gluteus maximus areas bilaterally. Active range of motion was forty degrees flexion, twenty degrees extension and the injured worker had pain with motion. Assessment noted that the injured workers back pain was stable. Diagnoses include degenerative joint disease of the shoulder region, degenerative joint disease of the cervical intervertebral disc and chronic pain syndrome. The documentation notes that the injured workers current pain medications keep his pain tolerable and allow him to work. The treating physician requested a prescription of Oxycodone 15 mg # 75 as needed for pain. Utilization Review evaluated and modified the request on November 24, 2014. Utilization Review modified the request due to lack of evidence of objective functional improvement and no report of the inability to maintain

work with a reduction in medication use. In addition, there is no documentation of a current urine drug test, risk assessment profile or an attempt at weaning as mandated by MTUS. Therefore, the request was modified to Oxycodone 15 mg # 60 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg quantity 75: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p.

Decision rationale: The claimant is more than 10 years status post work related injury and continues to be treated for low back, neck, and right shoulder pain. Medications include oxycodone 15 mg #75. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. There are no identified issues of abuse, addiction, or poor pain control. His total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Oxycodone was medically necessary.