

Case Number:	CM14-0089997		
Date Assigned:	07/23/2014	Date of Injury:	06/03/2010
Decision Date:	06/10/2015	UR Denial Date:	05/13/2014
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. 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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 30-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 3, 2010. In a Utilization Review report dated May 13, 2014, the claims administrator failed to approve requests for oxycodone and multilevel cervical medial branch blocks. The claims administrator did, however, approve a request for gabapentin. An April 8, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In the IMR application dated June 13, 2014, the applicant's attorney apparently appealed both denials. In an applicant questionnaire dated February 18, 2015, the applicant acknowledged that she was not working despite using Flexeril twice nightly and oxycodone twice to thrice daily. In an associated progress note of the same date, February 18, 2015, the applicant reported ongoing complaints of neck pain radiating to the left upper extremity. The applicant alleged having developed valley fever. The attending provider stated that the applicant's medications were beneficial. 5/10 pain was reported with medications. Ongoing complaints of hand numbness were noted. Hyposensorium was noted about the left arm. Multiple medications were renewed. In a July 8, 2014 progress note, the attending provider stated that the applicant was using gabapentin and oxycodone. The attending provider maintained that the applicant's medications were attenuating his pain complaints. It was suggested that the applicant was working in a self-employed capacity. A pain psychology consultation, medial branch blocks, gabapentin, and oxycodone were endorsed. The applicant had received a recent cervical epidural steroid injection, it was acknowledged. Hyposensorium and diminished strength was noted about the left arm when compared against the right. Medial

branch blocks were nevertheless endorsed, along with urine drug testing. In an applicant questionnaire, not clearly dated, seemingly associated with the July 8, 2014 office visit, the applicant did state that he was working. In an RFA form dated June 3, 2014, the attending provider reiterated his request for multilevel medial branch blocks. On May 6, 2014, the attending provider again stated that the combination of gabapentin and oxycodone had attenuated the applicant's axial and radicular pain complaints. The applicant was currently working, it was reported. Hyposensorium and diminished strength were noted about the left arm when compared against the right. Oxycodone, Neurontin, and Norflex were endorsed along with the medial branch blocks at issue. An applicant questionnaire of May 6, 2014 suggested that the applicant was working regular duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for oxycodone, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had apparently achieved and/or maintained successful return to work status as a result of ongoing medication consumption, it was reported above (with the exception of a brief interlude during which the applicant was off of work for unrelated issues associated with valley fever). Ongoing usage of oxycodone had effectively attenuated the applicant's pain complaints, the treating provider reported on several occasions, referenced above. The applicant was deriving appropriate analgesia from the same, it was stated on multiple occasions. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.