MAXIMUS Federal Services

Case Number:	CM15-0014082		
Date Assigned:	02/02/2015	Date of Injury:	04/08/2014
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
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 injured worker is a 59-year-old female who reported an injury on 04/03/2014 due to an unspecified mechanism of injury. On 01/15/2015, she presented for a followup evaluation reporting burning, shooting pain into the neck, feet, and arms. A physical examination of the cervical spine showed limited range of motion to 45 degrees with rotation bilaterally and she could not extend beyond neutral due to elicited pain. Lateral flexion to the right elicited a tingling pain into the forearm and hands and flushing of the fingertips. Lumbar flexion was limited to 45 degrees due to moderate low back pain and extension was limited to only 5 degrees due to facet loading pain. Palpation of the lumbar facets also elicited facet tenderness and straight leg raise was positive on the left at 30 degrees. Palpation of the bilateral quadratus lumborum and erector spinae muscles revealed spasming and twitching of the muscle bellies with point tenderness at various points. There was also exquisite tenderness of the thoracolumbar fascia, and the myofascial pain limited the injured worker's range of motion. Sensory perception was intact, and she had an antalgic gait and ambulated with a cane. Her medications included oxycodone/hydrochloride 5 mg 4 times a day as needed for pain, Fexmid 7.5 mg 1 every 8 hours as needed for radicular cramping, DSS sodium 100 mg 2 two times a day as needed for induced constipation, senna 8.6 mg 2 two times a day as needed for medication induced constipation, topical analgesics, Gabapentin 300 mg 3 times per day, Anaprox DS 550 mg 1 by mouth twice daily, and Protonix 20 mg 1 tablet by mouth twice daily. The treatment plan was for oxycodone 5 mg #120. The rationale for treatment was to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be taking oxycodone for pain relief. However, there is a lack of documentation showing a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, no official urine drug screens or CURES reports were provided for review to validate her compliance with her medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.