

Case Number:	CM15-0014493		
Date Assigned:	02/02/2015	Date of Injury:	07/28/2009
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
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

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 54-year-old male who reported injury on 10/05/2003. The mechanism of injury was not included. His diagnoses included cervical post fusion pain; cervicgia; cervical degenerative disc disease; cervical radiculitis. His medications included gabapentin 100 mg, diclofenac 75 mg, fentanyl 12 mcg, and Percocet 5/325 mg. There is documentation in the clinical progress note dated 01/05/2015 that indicates the injured worker stopped taking his medications. His cervical range of motion was documented to be unchanged at 50%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen 10/325 mg QTY: 27.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for Oxycodone-Acetaminophen 10/325 mg QTY: 27.00 is not medically necessary. The California MTUS guidelines state there are four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These 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. There is a lack of documentation regarding documented pain relief, side effects, improved ability to function; and documented urine drug screens, review of CURES report, or pain contract on file. The request does not include dosing information. The request for oxycodone/acetaminophen 10/4325 mg quantity 27 is not medically necessary.

Oxycodone-Acetaminophen 10/325 mg QTY:63.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-83,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for Oxycodone-Acetaminophen 10/325 mg QTY: 63.00 is not medically necessary. The California MTUS guidelines state there are four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These 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. There is a lack of documentation regarding documented pain relief, side effects, improved ability to function; and documented urine drug screens, review of CURES report, or pain contract on file. The request does not include dosing information. The request for oxycodone/acetaminophen 10/4325 mg quantity 63 is not medically necessary.