

Case Number:	CM15-0111047		
Date Assigned:	06/22/2015	Date of Injury:	04/24/1996
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 59-year-old female sustained an industrial injury on 4/24/96. She subsequently reported neck and shoulder pain. Diagnoses include chronic pain syndrome, cervical spondylosis and chronic shoulder pain. Treatments to date include x-ray and MRI testing, injections and prescription pain medications. The injured worker continues to experience right shoulder and neck pain. Upon examination, there was tenderness in the right cervical paraspinal muscles. Right trapezius is tender. No distal deficits are noted. A request for Med Oxycodone 10/325 mg #30 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Oxycodone 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycodone 10/325mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker is working diagnoses are chronic pain syndrome; cervical spondylosis; and chronic shoulder pain. The date of injury is April 24, 1996. The pain management progress note dated February 18, 2015 states the treating provider will prescribe only Cymbalta. There are no opiates to be prescribed. There is no clinical rationale in the medical record for denying opiates to the injured worker. There was no clinical rationale in the medical record. The injured worker followed with a different pain management provider on May 5, 2015, May 19, 2015 and June 2, 2015. On May 5, 2015, the pain management provider prescribed oxycodone 5/325 mg. The injured worker complained of pain to the right neck and wrists. The injured worker followed up on May 19, 2015 with significant pain in the right neck. The pain score was 6-8/10. Oxycodone 5/325 mg increased oxycodone 10/325 mg. There are no detailed pain assessments in the medical record. There were no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement with ongoing oxycodone. The documentation also indicates Norco is prescribed by a third provider. Consequently, absent clinical documentation with objective functional improvement, risk assessments and detailed pain assessments, Oxycodone 10/325mg #30 is not medically necessary.