

Case Number:	CM15-0122086		
Date Assigned:	07/06/2015	Date of Injury:	09/28/2012
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/24/2015

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: 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 injured worker is a 50 year-old female who sustained an industrial injury on 09/28/12. She reports neck pain after being struck. Diagnoses include cervical pain/cervicalgia, facet arthropathy, and cervical spinal stenosis. Treatments include chiropractic therapy, injections, radiographic imaging of the cervical spine, and pain medication management. In a progress note dated 05/04/15 the injured worker reports continued, worsening neck and back pain rated as a 4 out of a 10 point pain scale with medications. There is pain with all movement, and back pain increases with both flexion and extension. Her pain medication Nucynta causes frequent menses. Physical examination was remarkable for tender cervical spine with decreased range of motion; there is tenderness to the lumbar spine with decreased range of motion. Treatment recommendations include surgical intervention, and Oxycodone-acetaminophen 10/325 mg # 120. She is on temporary total disability. Date of Utilization Review: 05/28/15

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone- acetaminophen 10mg-325mg #120 prescribed 05/04/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the available documentation provides evidence of pain that is neurogenic in nature, however, the injured worker has not failed on first line agents such as anti-convulsants or anti-depressants. Additionally, the injured worker has been taking oxycodone for an extended period without objective documentation of functional improvement or significant decrease in pain. This medication was recently approved but only for weaning purposes. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for oxycodone-acetaminophen 10mg-325mg #120 prescribed 05/04/2015 is determined to not be medically necessary.