

Case Number:	CM15-0125945		
Date Assigned:	07/10/2015	Date of Injury:	08/21/1997
Decision Date:	09/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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: Arizona, Michigan

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 60 year old female, who sustained an industrial injury on 8/21/1997. The mechanism of injury is injury from repetitive work. The current diagnoses are degenerative intervertebral disc disease of the lumbar/lumbosacral spine, bilateral carpal tunnel syndrome, fibromyalgia, and headaches. According to the progress report dated 4/30/2015, the injured worker complains of continued neck and bilateral upper extremity pain. Due to activity, she notes her bilateral hand pain has increased in intensity. She rates her current pain at 5/10 on a subjective pain scale. Her pain scores are 4/10 with medication and 10/10 without. She notes increased mobility, tolerance of activities of daily living, and home exercises with her current medication regimen. The physical examination of the cervical, thoracic, and lumbar spine reveals tenderness to palpation over the paraspinal muscles. The current medications are Oxymorphone HCL, Effexor, Ambien, Klonopin, Diclofenac, Omeprazole, and Cambia. Urine drug screen from 5/5/2015 was inconsistent with prescribed medications. There is documentation of ongoing treatment with Oxymorphone since at least 11/20/2014. Treatment to date has included medication management, x-rays, physical therapy, TENS unit, MRI studies, computed tomography scan, myelogram, electrodiagnostic testing, group therapy, nerve blocks/injections, epidural steroid injections, and spinal cord stimulator. Work status is described as permanent and stationary. A request for Oxymorphone HCL has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone HCL 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Oxymorphone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) 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. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. These are necessary to meet the CA MTUS guidelines. As noted in the references, opioids may be continued if the patient has returned to work and has improvement in functioning and pain. Although recent progress reports indicated an improvement in activities of daily living, there are no quantifiable objective findings to indicate such functional improvement. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Oxymorphone HCL is not medically necessary.