

Case Number:	CM15-0173201		
Date Assigned:	09/15/2015	Date of Injury:	03/07/2008
Decision Date:	10/14/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/02/2015

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 68-year-old female, who sustained an industrial injury on 3-7-2008. The injured worker was diagnosed as having cervical radiculopathy, cervical pain, cervical spondylosis, shoulder pain. The request for authorization is for: Oxycodone HCL 10mg tablets #90 with one refill. The UR dated 8-25-2015: non-approved Oxycodone HCL 10mg tablets #90 with one refill. On 3-19-2015, she reported neck pain rated 7 out of 10. She indicated there were "no new problems or side effects". She reported decreased activity. She reported neck, back, shoulder, and bilateral arm pain. She reported taking at least 5 Oxycodone per day and has increased this due to increased pain. Her current medications include: Flector 1.3% patches, Wellbutrin XL 150mg, Lyrica, and Oxycodone HCL 5mg tablets, one tablet 4 times per day. Physical findings revealed a restricted cervical range of motion, muscle spasms and tenderness in the area, her gait is noted to be within normal limits; the left shoulder had a negative Neer and Hawkins testing. Oxycodone is noted to reduce her pain from 9 out of 10 to 4 out of 10, and allows her to run her own business as well as be independent with her activities of daily living. On 8-20-2015, she reported neck pain rated 8 out of 10 without medications and 4 out of 10 with medications. Her pain level is reported to be unchanged from her last visit. Her activity level is reported to remain the same. She indicated she had developed migraines. Current medications included: Oxycodone HCL 10mg tablets, one three times daily as needed. Physical findings revealed her neck to have a limited range of motion with tenderness in the area, left shoulder with no noted limitation and negative Hawkins and neer testing. The treatment and diagnostic testing to date has included: medications including Oxycodone (since at least February 2015 possibly longer), H-wave, urine toxic screening, cervical spine epidural steroid injection (January 2014), magnetic resonance imaging of the brain (May 2015), ice and heat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2008 injury without acute flare, new injury, or progressive neurological deterioration. The Oxycodone HCL 10mg #90 with 1 refill is not medically necessary and appropriate.