

<b>Case Number:</b>	CM15-0027480		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	07/12/2006
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 64-year-old female, with a reported date of injury of 07/12/2006. The diagnoses include cervical facet syndrome, shoulder pain, carpal tunnel syndrome, ulnar neuropathy, other back symptoms, cervical radiculopathy, cervical spondylosis, and spasm of muscle. Treatments have included oral medications, an MRI of the cervical spine on 12/19/2013, electromyography/nerve conduction velocity (EMG/NCV) on 06/16/2009, 08/01/2007, and 01/26/2007, transcutaneous electrical nerve stimulation (TENS) unit, and right carpal tunnel release on 04/07/2010. The progress report dated 12/31/2014 indicates that the injured worker had neck pain and right shoulder pain. The injured worker rated her pain 7 out of 10 with medication, and 9 out of 10 without medication. Her activity level has decreased. The injured worker was taking her medications as prescribed and there were no side effects reported. The objective findings included restricted cervical spine range of motion, tenderness, spasm and tight muscle band of the bilateral paravertebral muscles of the cervical spine, tenderness of the bilateral paravertebral muscles of the thoracic spine, restricted movements of the right shoulder, tenderness to palpation in the right biceps groove, glenohumeral joint and supraspinatus /infraspinatus, and no limitation of the left shoulder. The treating physician requested Oxycodone HCL 5mg #30 daily as needed for pain. On 01/14/2015, Utilization Review (UR) denied the request for Oxycodone HCL 5mg #30 daily as needed (prescribed 12/31/2014), noting that opioid treatment of neuropathic pain is often discouraged, because of concern about ineffectiveness, the potential for the development of tolerance, the risk of

addiction, and limiting side effects. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Oxycodone Hcl 5 mg daily as needed #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78-80.

**Decision rationale:** Oxycodone Hcl 5 mg daily as needed #30 is not medically necessary per the MTUS Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Oxycodone Hcl 5 mg daily as needed #30 is not medically necessary.