

Case Number:	CM15-0070530		
Date Assigned:	04/20/2015	Date of Injury:	07/12/2006
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/14/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on July 12, 2006. The injured worker was diagnosed as having cervical facet syndrome, spondylosis and radiculopathy, ulnar neuropathy, right shoulder pain and spasm of muscle. Treatment and diagnostic studies to date have included Transcutaneous Electrical Nerve Stimulation (TENS) unit, surgery, radiofrequency neurotomy, nerve blocks, magnetic resonance imaging (MRI), electromyogram, nerve conduction study and medication. A progress note dated February 25, 2015 provides the injured worker complains of neck and right shoulder pain with sleep disturbance. She reports pain level with medication is 6/10 and 9/10 without medication. She has not been taking Percocet due to denial of coverage. She reports shoulder injection was effective for pain relief. Physical exam notes cervical tenderness with decreased range of motion (ROM), right shoulder tenderness and decreased range of motion (ROM) and positive Tinel's sign of right elbow. The plan includes medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5 MG, 1 Tab Daily As Needed, #30 Prescribed 2/25/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was multiple previous denials for requests for opioid medications including Percocet 5/325 (oxycodone/APAP). Upon review of more current documentation, there was unclear reporting of functional gains and pain level reduction directly related to the Percocet use, independent of the other medications used, to effectively assess for any benefit. Therefore, since oxycodone is likely to only be less effective than Percocet (same dose, less APAP) and without clear evidence of previous benefit from Percocet use, and due to risks associated with long-term use of opioids, the request for oxycodone 5 mg will be considered medically unnecessary.