

Case Number:	CM13-0020495		
Date Assigned:	10/11/2013	Date of Injury:	01/22/2011
Decision Date:	01/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year old male who reported an injury on 01/29/2010. The mechanism of injury was not submitted. The patient complained of pain to the neck and bilateral upper extremities. The patient had an artificial disk replacement of C4-5 in December 2012. The clinical documentation submitted for review stated the disk replacement improved the symptoms to the left upper extremity by 985 as well as his higher neck pain. The patient's pain to the lower neck and right arm are unchanged. The patient was diagnosed with disc annular tears at L1-2, L3-4, L4-5 and L5-S1, also lumbar intervertebral disc with myelopathy. The patient continues to complain of neck pain and pain to the right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg tab #90: Upheld

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

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

Decision rationale: The California MTUS does not recommend opioids as a first-line recommendation for neuropathic pain. There are no trials of long-term use. The California MTUS Guidelines state there should be ongoing monitoring of chronic pain patients on opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential misuse or drug-related 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. The clinical documentation submitted for review indicates that the patient's pain level to the lower neck and right arm have not changed. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review is requesting Oxycontin 40mg in addition to Oxycontin 60mg and Oxycodone 15mg which exceeds the recommended morphine daily dosage. As such, the request for Oxycontin 40mg #90 is non-certified.

Oxycontin 60mg tab #90: Upheld

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

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

Decision rationale: The California MTUS does not recommend opioids as a first-line recommendation for neuropathic pain. There are no trials of long-term use. The California MTUS Guidelines state there should be Ongoing monitoring of chronic pain patients on opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential misuse or drug-related 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. The clinical documentation submitted for review indicates that the patient's pain level to lower neck and right arm have not changed. There is a lack of functional improvement with this medication. The clinical information submitted did not provide a rationale as to why two difference doses of Oxycontin are being requested. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review is requesting Oxycontin 40mg in addition to Oxycontin 60mg and Oxycodone 15mg which exceeds the recommended morphine daily dosage. As such, the request for Oxycontin 60mg #90 is non-certified.

Oxycodone 15mg #90: Upheld

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

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

Decision rationale: The California MTUS does not recommend opioids as a first-line recommendation for neuropathic pain. There are no trials of long-term use. The guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The California MTUS guidelines state there should be ongoing monitoring of chronic pain patients on opioids should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential misuse or drug-related 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. The clinical documentation submitted for review indicates that the patient's pain level to lower neck and right arm have not changed. The documentation did not provide objective improvement with the use of this medication. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The clinical documentation submitted for review is requesting Oxycontin 40mg in addition to Oxycontin 60mg and Oxycodone 15mg which exceeds the recommended morphine daily dosage. As such, the request for Oxycodone 15mg #90 is non-certified.

Evaluation with [REDACTED] and ESI: 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 Epidural Steroid Injections Section Page(s): 46.

Decision rationale: The California MTUS Chronic Pain Medical Treatment guidelines state ESI is recommended as an option for treatment of radicular pain. The guidelines also state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and the patient must be initially unresponsive to conservative treatment. The clinical documentation submitted for review showed no documentation of radiculopathy findings through imaging. X-rays and an MRI were mentioned but the findings had not been reviewed or submitted for review. As such, the request is non-certified.