

Case Number:	CM13-0025317		
Date Assigned:	12/11/2013	Date of Injury:	12/10/2002
Decision Date:	01/24/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/17/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 64-year-old male who reported an injury on 12/10/2002. The injury occurred when he was standing below a ladder and was struck by a coworker and lost his balance, and a screw gun fell off of the ladder and struck him in the forehead. His diagnoses are listed as status post cervical fusion at C4 to C6, status post head contusion, and status post failed spinal stimulator. Objective findings include pain in his cervical paraspinal muscles, limited flexion and extension of the cervical spine, pain with rotation of the cervical spine, decreased motor strength to 4/5 in the upper limbs, and dysesthesia in the upper limbs. It is noted that he takes Oxycotin and Neurontin for his pain control. He has a large area of pain, numbness, and burning, which is only helped with his medication. There have been attempts to lower his dose; however, it was stated that his pain gets so severe that he has difficulty with ADLs on lower doses of medication. His medication doses are listed as Oxycotin 40 mg 3 every 8 hours and Neurontin 400 mg one 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) prescription of Oxycotin 40mg # 24 between 8/29/13 and 11/8/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids, Criteria for Use, On-going management Page(s): 78.

Decision rationale: California MTUS Guidelines state that for the ongoing management of patients taking opioid medications, documentation of pain relief, functional status, appropriate medication use, and side effects is required. Additionally, the pain assessment should include the patient's current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Furthermore, the guidelines require that specific notation regarding the 4 A's for ongoing monitoring be documented. The 4 A's include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The patient was noted to have pain in his cervical spine. However, the documentation provided for review fails to include a detailed pain assessment and documentation of the 4 A's for ongoing monitoring as required by the guidelines. Therefore, the request is non-certified.