

Case Number:	CM13-0058464		
Date Assigned:	12/30/2013	Date of Injury:	01/14/2011
Decision Date:	06/09/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/27/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, 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 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/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 58 year old female injured on 01/14/11 due to an undisclosed mechanism of injury. Documentation indicates the patient's initial injuries included a contusion to the chest, contusion to the head without loss of consciousness, and contusion sprain/strain injury to the lumbosacral spine. Current diagnoses include post-laminectomy cervical C4-T1, cervical spinal stenosis, post-laminectomy lumbar spine L4-5, spondylolisthesis L4-5, lumbar spondylosis with myelopathy, and constipation due to slow transit. The documentation indicates the patient has undergone multiple cervical surgeries with intractable neck and low back pain. The patient reports radiation of pain to the right lower extremity with associated numbness and weakness. The patient also complains of radiation of pain to the upper extremities with associated headaches. Medications as of 12/11/13 included Ultram ER, Cyclobenzaprine, Omeprazole, Lyrica, Meloxicam, Percocet 5/325mg, and Neurontin. The clinical note also indicated the patient was to begin acupuncture treatment; however, no further documentation was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF OXYCODONE/APAP 5/325MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request is not medically necessary and appropriate.