

Case Number:	CM14-0000259		
Date Assigned:	01/17/2014	Date of Injury:	07/01/2009
Decision Date:	06/06/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 39 year old male with a reported date of injury on 07/01/2009. The injured worker complained of neck pain rated at 10/10 and arm pain rated 3/10. An EMG report dated 09/13/2012 noted chronic right C4, C5, and C6 radiculopathy. The x-ray performed on 09/27/2012 visualized plated fusion C4 through C7 and degenerative changes at C3-4. The injured workers medication regimen included Norco and oxycontin; the injured worker has been utilizing oxycontin and Norco since approximately 06/2012. According to the clinical documents provided the injured worker received refills of Norco on 08/08/13 and 08/27/2013 from two separate doctors. According to the clinical documents provided the injured worker attended physician appointments monthly and received refills of 240 pills for each prescription at each visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40 MG, QUANTITY 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain, Page(s): 80-81.

Decision rationale: According to the CA MTUS guidelines the on going management of continued opioid administration should include prescriptions from a single practitioner to be taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. As well as documentation of ongoing review of pain relief, functional status and appropriate medication use. Satisfactory response to treatment may be indicated by the patients decreased pain, and increased level of function with overall improved quality of life. Within the clinical documentation dated 07/30/2013 the injured worker stated that if he is given surgery he will taper off his medication, otherwise he will go to rehab. According to the guidelines, opioids are not beneficial for neuropathic pain. The injured workers main complaints revolve around the neuropathy related to cervical spine injury. There is a lack of clinical documentation provided documenting improvement in function and quality of life with the use of the opioids. Although the injured worker states that without the opioids he would not be able to do anything, there is a lack of documentation regarding the increase in functional ability related to the opioid use. There is a lack of documentation provided indicating adequate monitoring of the use of opioids. Therefore, the request for oxycontin 40 mg is not medically necessary.

HYDROCODONE 10/325 MG, QUANTITY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain, Page(s): 80-81.

Decision rationale: According to the CA MTUS guidelines the on going management of continued opioid administration should include prescriptions from a single practitioner to be taken as directed, and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. As well as documentation of ongoing review of pain relief, functional status and appropriate medication use. Satisfactory response to treatment may be indicated by the patients decreased pain, and increased level of function with overall improved quality of life. Within the clinical documentation dated 07/30/2013 the injured worker stated that if he is given surgery he will taper off his medication, otherwise he will go to rehab. According to the guidelines opioids are not beneficial for neuropathic pain. The injured workers main complaints revolve around the neuropathy related to cervical spine injury. There is a lack of clinical documentation provided documenting improvement in function and quality of life with the use of the opioids. Although the injured worker states that without the opioids he would not be able to do anything, there is a lack of documentation regarding the increase in functional ability related to the opioid use. There is a lack of documentation provided indicating adequate monitoring of the use of opioids. Therefore, the request for hydrocodone 10/325 is not medically necessary.